SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015



Electronic Filing

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Page 1 of 49

COVER PAGE

			VERIA	GE			
1. NAME OF COMMITTEE							
Greenwich Democratic Town Commi	tee						
2. TREASURER NAME							
First Howard			MI	Last Richman			Suffix
3. TREASURER ADDRESS							•
Street Address 387 Round Hill Rd		City Green	nwich		State CT		Cip Code 06831
4. ELECTION/REFERENDUM DATE	5 OFFICE SOLI	GUT (Co	mulata anh. if C	andidate Committee)		6 DISTRI	CT NI IMDED (if month of the
4. ELECTION/REPERENDUM DATE	3. OFFICE SOOK	SIII (Co.	триене оппу п	anaiaaie Committee)	CT NUMBER (if applicable)		
7. CANDIDATE NAME (Complete only if Can	didate or Exploratory Co	ommittee	e)				
First			MI	Last			Suffix
8. TYPE OF REPORT							
October 10 Filing - Original							
9. PERIOD COVERED							
	Beginning Date			Ending Date			
	07/01/2015		thru	09/30/2015			
10 CERTIFICATION							
I hereby certify and state, und Itemized Campaign Finance complete.							
Electronic Filing SIGNATURE	Howard Richman PRINT NAME OF THI	E SIGNE	ER		0/09/2015 1 0 ATE CERTIFIED		
A Person who is found to have ke penalty or imprisonment or both		y violate	ed any provis	ions of the campaign fin	ance statutes fa	ces a civil	

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Greenwich Democratic Town Committee 11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees 12. Balance on hand at the beginning of Reporting Period 13. Contributions received from Individuals (Section A and B) 14. Receipts from Other Committees (Sections C1 and C2) 15. Other Monetary Receipts (Section D through K) 16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3) 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed 16c. Total Purchases of Advertising - Program Book or Sign (Section L3) 17. Total Monetary Receipts (add totals for lines 13 through 16c) 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B) 19. Expenses Paid by Committee (Section P) 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum 21. In-Kind Donations not Considered Contributions Received (Section L4) 22. In-Kind Donations not Considered Contributions - House Party (Section L5) 23. In-Kind Contributions Received (Section M) 24. Refundable Deposit to Telephone Company (Section N) 25. Loan Balance 25a. + Loans Received (Section D) 25. Loan Received (Section D) 25. Loan Received (Section D) 25. Loan Balance 25a. Total Outstanding Loan Amount 26. Campaign Expenses Paid By Candidate (Section Q) 27. Expenses Incurred on Committee Credit Card (Section R) 28. Expenses Incurred by Committee Urong this Period but Not Paid (Section S)	October 10 Filing - Original						
	COLUMN A This Period	COLUMN B Aggregate					
		\$1,775.12					
12. Balance on hand at the beginning of Reporting Period	\$8,693.28						
13. Contributions received from Individuals (Section A and B)	\$8,140.00	\$17,940.00					
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00					
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00					
16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00					
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed							
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$0.00					
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$8,140.00	\$17,940.00					
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$16,833.28	\$19,715.12					
19. Expenses Paid by Committee (Section P)	\$8,632.31	\$11,514.15					
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	\$8,200.97	\$8,200.97					
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00					
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$0.00					
23. In-Kind Contributions Received (Section M)	\$58.00	\$58.00					
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00					
25. Loan Balance	\$0.00						
25a. + Loans Received (Section D)	\$0.00	\$0.00					
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
25c Payments on Loan	\$0.00	\$0.00					
25d. Total Outstanding Loan Amount	\$0.00						
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00					
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00					
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00						
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00						

	I. MONETARY RECEIPTS	S (Section	on A-K)			
NAME OF COMMITTEE (Provide Comple	te Name as Registered with Filing Renositor	w)	·	TYPE OF REPORT		
Greenwich Democratic Town Committee		· <i>y)</i>		October 10 Filing - Original		
A Tradal Control Participant Control	Control to the Process of the Process	LONI	X 7			
A. Total Contributions from Smal				\$0.00		
(See instructions for definition of Small Contribute	·		tal Section A			
	B. Itemized Contributions from In	ıdividua	ls			
Last Name		Ein	st Name			МІ
Berg		1 111	Peter			IVII
Residential Street Address		City	T CCCI		State	Zip Code
28 Dandy Dr		Cos	Cob		СТ	06807
Principal Occupation			Name of Employer	•		
			retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or business			Yes No	Am	ount of Contribution
x No	a contract with said municipality valued at more than		ociated with have			
Is this contribution associated with an	Is contributor a principal of state contractor or prosp	sective state	contractor?		_	
event reported in Section L1?	If yes, indicate which branch or branches of	cenve state		Yes X No		
If yes, list Event # X No	government the contract is with:	L I	Executive Legislati	ve		
Method of Contribution	-		Date Received	Aggregate Contributions		
Cash X Personal Check Credit	Debit Card Payroll Deduction	Money Orde	_			
Cash Personal Check Credit	Debit Card Payron Deduction	violity Orde	07/16/2015	\$200.00		\$50.00
Last Name		Fir	st Name			MI
Fuzesi			Nancy			s
Residential Street Address		City			State	Zip Code
3 Castle Ct		Gree	enwich		CT	06830
Principal Occupation			Name of Employer			
Social Worker			Norwalk School	S		
To contain the con	If contribution is in excess of \$400 to a candidate or	:	1:ifti		I	ount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	officer of a municipality does contributor or business			Yes No	Aiii	ount of Contribution
x _{No}	a contract with said municipality valued at more that	ın \$5000?				
Is this contribution associated with an	Is contributor a principal of state contractor or prosp	pective state	contractor?	Yes X No	-	
event reported in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of	П.	Executive Legislati	<u> </u>		
If yes, list Event # X No	government the contract is with:		Executive Legislan	ve		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit	Debit Card Payroll Deduction	Money Orde	r			
			07/16/2015	\$100.00		\$100.00
Last Name		Fir	st Name			MI
Sanders			Elizabeth			
Residential Street Address		City			State	Zip Code
30 Brookside Dr		Gree	enwich		СТ	06830
Principal Occupation			Name of Employer			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate co	ommittee for	a chief executive		Am	ount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busines		ociated with have	Yes No		
x No	a contract with said municipality valued at more that	n \$5000?				
Is this contribution associated with an	Is contributor a principal of state contractor or prosp	pective state	contractor?	Yes X No		
event reported in Section L1? If yes, list Event # X No	If yes, indicate which branch or branches of	I	Executive Legislati			
-	government the contract is with:				_	
Method of Contribution			Date Received	Aggregate Contributions		
X Cash Personal Check Credit	Debit Card Payroll Deduction	Money Orde	r 07/20/2015	\$100.00		¢100 00

											1 4 5	,0 4 01 47
		I. M	IONETAR	Y RECEI	PTS (See	ction .	A-K)					
NAME OF COMMITTEE (Provid Greenwich Democratic Town)					Ì			TYPE OF REPORT October 10 Filing - Origin	nal			
Greenwich Democratic Town	Committee	R Item	ized Contri	hutions fro	m Individ	Inals						
		D. Item	izeu Contri	butions ir o	III IIIuIVIC	iuais						
Last Name Kail						First Na	ancy					MI
Residential Street Address					City				State		Zip Coc	le
49 Gilliam Ln					F	Riversio	le		СТ		06878	3
Principal Occupation						Na	me of Employer					
of dependent clind of a lobbyist:	Yes No	officer of a	tion is in excess of municipality does with said municipa	s contributor or b	ousiness he/she	e associat		Yes No		Amou	int of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes X No	If yes, indic	tor a principal of s cate which branch at the contract is w	or branches of	r prospective s	state cont Exec		Yes X No				
Method of Contribution							Date Received	Aggregate Contributions				
Cash X Personal Check	Credit/De	bit Card	Payroll D	eduction	Money (Order	07/24/2015	\$150.00	\perp		\$150.0	00
Last Name Buckingham						First Na						MI
Residential Street Address					City				State		Zip Coo	
8 Peters Rd Principal Occupation						Riversio	me of Employer		СТ		06878	3
Attorney						INA	Blair & Potts					
or dependent child of a loobyist?	Yes No	officer of a	tion is in excess of municipality does with said municipa	s contributor or b	ousiness he/she	e associat		Yes No		Amou	int of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes X No	If yes, indic	tor a principal of s cate which branch it the contract is w	or branches of	r prospective s	state cont		Yes X No				
Method of Contribution							Date Received	Aggregate Contributions				
Cash X Personal Check	Credit/De	bit Card	Payroll D	eduction	Money 0	Order	07/24/2015	\$100.00			\$100.0	00
Last Name Finger						First Na	^{nme} illilam					MI R
Residential Street Address					City				State		Zip Coo	
5 Reynwood Mnr						Greenw			СТ		06831	L
Principal Occupation						Na	me of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	officer of a	tion is in excess of municipality does with said municipa	s contributor or b	ousiness he/she	e associat		Yes No		Amou	int of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes X No	If yes, indic	tor a principal of s cate which branch at the contract is w	or branches of	r prospective s	Exec		Yes X No				
Method of Contribution							Date Received	Aggregate Contributions				
Cash Personal Check	Credit/De	bit Card	Payroll D	eduction	Money (Order	00/07/2015	6150.00			±150.0	10

08/07/2015

\$150.00

\$150.00

							1 age	J 01 47
	I. MONETARY RECEIPT	S (Se	ction 2	A-K)				
NAME OF COMMITTEE (Provide Comple Greenwich Democratic Town Committe	te Name as Registered with Filing Reposito	Ì			TYPE OF REPORT October 10 Filing - Origina	al		
Greenwich Beniocratic Town Committee	B. Itemized Contributions from 1	Individ	luals					
	D. Itemized Contributions from I	iliul v IQ	14413					
Last Name Brown			First Na	ancy				MI C
Residential Street Address		City		•		State	Zip Code	9
1 Putnam HI # 3-B		(Greenw	ich		СТ	06830	
Principal Occupation			Na	me of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	Am	nount of Cont	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	spective :	Execu		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash X Personal Check Credit	Debit Card Payroll Deduction	Money	Order	08/07/2015	\$50.00		\$50.00)
Last Name			First Na	ime				MI
Erickson			La	ura				
Residential Street Address		City	.	1-		State	Zip Code	
67 Club Rd Principal Occupation		'	Riversid	me of Employer		СТ	06878	
ттери оссиранов			114	homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	Am	nount of Cont	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	spective :	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit	Debit Card Payroll Deduction	Money	Order	08/25/2015	\$330.00		\$80.00)
Last Name			First Na	ime				MI
Perloe			Jo	nathan				
Residential Street Address 71 Valleywood Rd		City	Cos Cob)		State CT	Zip Code 06807	
Principal Occupation			Na	me of Employer				
advertising				Young & Ribicar	m Brands			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	Am	nount of Cont	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	spective	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit	Debit Card Payroll Deduction	Money	Order	00/25/2015	#10F 00		±4E 00	

\$195.00

\$45.00

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	I. MONETARY RECEIPT	S (Se	ction	A-K)				
NAME OF COMMITTEE (Provide Complete Greenwich Democratic Town Committee)	te Name as Registered with Filing Reposite	Ì			TYPE OF REPORT October 10 Filing - Origina	al		
Greenwich Bemoeratie Town Committee	B. Itemized Contributions from 1	Individ	luals					
	B. Itemized Contributions from I	inuivio	auais					
Last Name Rutgers			First Na	me ma				MI
Residential Street Address		City	7			State	Zip Cod	le
12 Wildwood Dr			Greenw	ich		СТ	06830)
Principal Occupation			Na	me of Employer				
writer				self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	Am	nount of Con	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # X No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	ospective :	Exec		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash X Personal Check Credit	/Debit Card Payroll Deduction	Money	Order	08/25/2015	\$100.00		\$100.0	0
Last Name			First Na	me				MI
Waldeck			Se	ergio				
Residential Street Address		City				State	Zip Cod	le
7 Capalbo Pl		(Cos Col			СТ	06807	7
Principal Occupation			Na	me of Employer				
banker				J.P. Morgan Ch	ase			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	Am	nount of Con	ntribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of	spective	state cont		Yes X No			
If yes, list Event #	government the contract is with:	L	Exec	ative Legislati	ive			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credi	/Debit Card Payroll Deduction	Money	Order	08/25/2015	\$120.00		\$45.00	0
Last Name			First Na	me				MI
Waldeck		, .	Ca	ımila				
Residential Street Address		City				State	Zip Cod	
7 Capalbo Pl Principal Occupation		(Cos Col	me of Employer		СТ	06807	
housewife			INA	me of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	Am	nount of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	ospective :	state control		Yes X No			
Method of Contribution	-			Date Received	Aggregate Contributions	\neg		
Cash Personal Check Credit	/Debit Card Payroll Deduction	Money	Order	00/25/2015	#4F 00		445 04	2

\$45.00

\$45.00

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	I. MONETARY RECEIPT	S (Section A-K)						
NAME OF COMMITTEE (B. 11 C.		,	TWDE OF DEDORT					
NAME OF COMMITTEE (Provide Comp Greenwich Democratic Town Commit		ory)	TYPE OF REPORT October 10 Filing - Origin	nal				
Greenwen Democratic Town Commin	B. Itemized Contributions from	Individuale						
	B. Remized Contributions from	iliulviuuais						
Last Name		First Name			MI			
Romeo		Dominick						
Residential Street Address		City		State	Zip Code			
14 Bonan Dr		Riverside		СТ	06878			
Principal Occupation		Name of Employe	r		•			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate		Yes No	Am	ount of Contribution			
x No	officer of a municipality does contributor or busin a contract with said municipality valued at more t							
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pross If yes, indicate which branch or branches of	ospective state contractor?	Yes X No					
If yes, list Event #	government the contract is with:	Executive L	egislative					
Method of Contribution		Date Receive	d Aggregate Contributions					
Cash Personal Check Creck	t/Debit Card Payroll Deduction	Money Order 08/25/201	15 \$245.00		\$45.00			
Last Name Simon								
Residential Street Address		City		State	Zip Code			
48 Edgewood Dr		Greenwich		CT	06831			
Principal Occupation		Name of Employe	r		1			
retired		retired						
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate		Yes No	Am	ount of Contribution			
or dependent ential of a loody ist:	officer of a municipality does contributor or busin a contract with said municipality valued at more t							
x _{No}								
Is this contribution associated with an event reported in Section L1?		ospective state contractor?	Yes X No					
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:	Executive L	egislative					
Method of Contribution		Date Receive	d Aggregate Contributions					
		Date Received	a Aggregate Contributions					
Cash Personal Check Crec	t/Debit Card Payroll Deduction	Money Order 08/25/201	15 \$190.00		\$40.00			
Last Name		First Name			MI			
Oberlander Residential Street Address		Jill City		State	Zip Code			
19 Bush Ave		Greenwich		CT	06831			
Principal Occupation		Name of Employer	r	<u> </u>	1 00031			
homemaker								
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	committee for a chief executive	Yes No	Am	ount of Contribution			
of dependent child of a lobbyist:	officer of a municipality does contributor or busin		L res L No					
x _{No}	a contract with said municipality valued at more t							
Is this contribution associated with an	Is contributor a principal of state contractor or pros	ospective state contractor?	Yes X No	1				
event reported in Section L1? If yes, list Event #	If yes, indicate which branch or branches of	Executive L	egislative					
<u> </u>	government the contract is with.							
Method of Contribution	_	Date Received	d Aggregate Contributions					
Cash Personal Check Cred	t/Debit Card Payroll Deduction	Money Order	400.00		±00.00			

\$80.00

											Pag	e 8 01 49
		I. M	IONETARY RE	CEIPT	S (Sectio	n A	-K)					
NAME OF COMMITTEE (D. 11	C 14				,		, i	EVIDE OF DEDODIT				
NAME OF COMMITTEE (Provid Greenwich Democratic Town C	*	Name as K	tegistered with Filing	g Keposito	ory)			ΓΥΡΕ OF REPORT October 10 Filing - Origina	al			
Greenwich Democratic Town C	Ollillittee	P Itom	ized Contribution	s from I	ndividual	le.						
		D. Item	izeu Contribution	S 11 UIII 1	nuiviuuai	15						
Last Name					Firs	st Name	e.					MI
Moriarty					1110	Lesli						
Residential Street Address					City				State	\neg	Zip Coo	le
150 Parsonage Rd					Gree	enwich	h		СТ		06830)
Principal Occupation						Name	e of Employer					
		•										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes		tion is in excess of \$400 to municipality does contribu					Yes No		Amou	nt of Cor	ntribution
x			with said municipality value			Jerateu	with have					
	No											
Is this contribution associated with an event reported in Section L1?	Yes		tor a principal of state contr cate which branch or branc	_	spective state o	contrac	etor?	Yes X No				
If yes, list Event #	x No		t the contract is with:	nes or	Е	Executiv	ve Legislativ	e				
Method of Contribution						I	Date Received	Aggregate Contributions	-			
	П											
Cash Personal Check	Credit/De	bit Card	Payroll Deduction	Ш	Money Order	·	08/25/2015	\$80.00			\$80.0	0
Last Name					Eiro	st Name		•				MI
Faust					FIIS	Joan						IVII
Residential Street Address					City	Joan			State	\neg	Zip Coo	le
11 Field Rd					River	rside			СТ		06878	
Principal Occupation					<u> </u>	Name	e of Employer					
retired												
Is contributor a lobbyist, spouse,	Yes		ion is in excess of \$400 to					Yes No		Amour	nt of Cor	ntribution
or dependent entitle of a lobbyist:			municipality does contribution with said municipality value			ociated	with have					
x	No											
Is this contribution associated with an event reported in Section L1?	Yes		tor a principal of state conti	-	spective state o	contrac	etor?	Yes X No				
If yes, list Event #	x No		cate which branch or branc t the contract is with:	nes of	E	Executiv	ve Legislativ	e				
Method of Contribution						Tr	Date Received	Aggregate Contributions	-			
	_						sale Received	I iggi egate contributions				
Cash Personal Check	Credit/De	bit Card	Payroll Deduction	Ш	Money Order	·	08/25/2015	\$40.00			\$40.0	0
					1							
Last Name					Firs	st Name Jenn						MI
Dayton Residential Street Address					City	Jeili	illei		State	$\overline{}$	Zip Coo	le .
18 Leonard Ave					River	rside			CT		06878	
Principal Occupation					1		e of Employer					-
-												
elected official												
Is contributor a lobbyist, spouse,	Yes		ion is in excess of \$400 to					Yes No		Amou	nt of Cor	ntribution
of dependent child of a lobbyist:			municipality does contribution with said municipality value			ociated	with have	L res L No				
x	No	a contract v	said maincipanty valu	111015 lll	ψ2000 :							
Is this contribution associated with an event reported in Section L1?	Yes		tor a principal of state conti	-	spective state of	contrac	etor?	Yes X No				
If yes, list Event #	x No		cate which branch or branc t the contract is with:	hes of	E	Executiv						
Made de Contributi		50 renniell	conduct is with.			1.	Deta Bereir 1	A	\dashv			
Method of Contribution	_		_				Date Received	Aggregate Contributions				
Cash Personal Check	Credit/De	bit Card	Payroll Deduction		Money Order	· ,	00/25/2015	+220.00			±00.0	0

\$330.00

						Page 9 01 49
	I. MONETARY RECEIPT	'S (Section A	\-K)			
NAME OF CONDUCTION OF THE			·	EVDE OF DEDODE		
NAME OF COMMITTEE (Provide Complet Greenwich Democratic Town Committee		эгу)		TYPE OF REPORT October 10 Filing - Origina	al	
Greenwich Democratic Town Committee	B. Itemized Contributions from	Individuals				
	B. Remized Contributions from	iliuiviuuais				
Last Name		First Nan	ne			MI
Caron		Anr				F F
Residential Street Address		City			State	Zip Code
8 Laurel Ln		Greenwi	ch		CT	06830
Principal Occupation		Nan	ne of Employer			
writer			retired			
Wilter			Tetiled			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate			Yes No	Am	ount of Contribution
or dependent child of a lobbyist:	officer of a municipality does contributor or busin a contract with said municipality valued at more the		d with nave			
x _{No}						
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pro	spective state contra	actor?	Yes X No		
If yes, list Event # No	If yes, indicate which branch or branches of government the contract is with:	Execut	tive Legislative			
Method of Contribution			Date Received	Aggregate Contributions		
			Date Received	Aggregate Contributions		
Cash Personal Check Credit/	Debit Card Payroll Deduction	Money Order	08/25/2015	\$100.00		\$100.00
				Ţ #100.00		
Last Name		First Nan				MI
Bausman		Joh	in			
Residential Street Address		City	-1-		State	Zip Code
603 Steamboat Rd # 6 Principal Occupation		Greenwid	ne of Employer		СТ	06830
Trincipal Occupation		INali	ie of Employer			
			retired			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	committee for a chie	ef executive		Am	ount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	officer of a municipality does contributor or busin		d with have	Yes No		
x _{No}	a contract with said municipality valued at more the	han \$5000?				
Is this contribution associated with an	Is contributor a principal of state contractor or pro	spective state contra	actor?	Yes X No		
event reported in Section L1? If yes, list Event # No	If yes, indicate which branch or branches of	Execut				
in yes, list Evene "	government the contract is with:		Eegislaave			
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit/	Debit Card Payroll Deduction	Money Order				
			08/25/2015	\$100.00		\$100.00
Last Name		First Nan	ne			MI
Bonsal		Eliz	abeth			
Residential Street Address		City			State	Zip Code
30 Hendrie Ave		Riverside			CT	06878
Principal Occupation		Nan	ne of Employer			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	committee for a chie	of avacutiva		l Am	ount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busin			Yes No	Aili	ount of Contribution
□ No	a contract with said municipality valued at more to					
Is this contribution associated with an	Is contributor a principal of state contractor or pro	spective state contra	actor?		_	
event reported in Section L1?	If yes, indicate which branch or branches of			Yes X No		
If yes, list Event # No	government the contract is with:	Execut	tive Legislative			
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash	Debit Card Payroll Deduction	Money Order				
CIGOTO CICCO CICCO	rayron Doduction	oof Order	00/25/2015	L #250.00	1	±100 00

\$250.00

\$100.00

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		I, MONETARY RECEIPT	S (Se	ction	A-K)					
NAME OF COMMITTEE (Pro Greenwich Democratic Tow		Name as Registered with Filing Repositor				TYPE OF REPORT October 10 Filing - Origin	nal			
Greenwich Bemoeratie 10 W	TH COMMITTEE	B. Itemized Contributions from 1	Indivi	duals						
Last Name				First Na	ime					MI
Krumeich			G'i	Eli	zabeth		- C		7: 0	K
Residential Street Address 16 Perryridge Rd			City	Greenw	ich		State	,	Zip Coo 06830	
Principal Occupation					me of Employer		1 .		0000	
attorney					Castleton Com	modities Intl.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No		Amo	ount of Co	ıtribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	spective	Exec		Yes X No				
Method of Contribution					Date Received	Aggregate Contributions				
Cash X Personal Check	Credit/De	bit Card Payroll Deduction	Money	Order	08/25/2015	\$545.00			\$45.0	0
Last Name				First Na	ıme					MI
Tamm				Sa	marpana					
Residential Street Address 5 Chinmoy Ave			City	Greenw	ich		State	,	Zip Coo 06830	
Principal Occupation			1		me of Employer		1 0		00050	
librarian					Darien Library					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No		Amo	ount of Co	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	spective	state control		Yes X No				
Method of Contribution		•			Date Received	Aggregate Contributions				
Cash X Personal Check	Credit/De	bit Card Payroll Deduction	Money	Order	08/25/2015	\$230.00			\$80.0	0
Last Name				First Na	ime					MI
Roberson				Cŀ	narlene					
Residential Street Address 16 Hassake Rd			City	Old Gre	onwich		State	;	Zip Coo 06870	
Principal Occupation			<u> </u>		me of Employer		1 01		00870	
					. ,					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No		Amo	ount of Co	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	spective	State cont		Yes X No				
Method of Contribution					Date Received	Aggregate Contributions	\neg			
Cash X Personal Check	Credit/De	bit Card Payroll Deduction	Money	Order	00/25/2015	440.00			+40.0	•

\$40.00

\$40.00

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	I. MONETARY RECEIPT	S (Section A	A-K)				
NAME OF COMMUTTEE (P 1 C 1 d.		•	, i	TABLE OF DEPORT			
NAME OF COMMITTEE (Provide Complete Greenwich Democratic Town Committee		ory)		TYPE OF REPORT October 10 Filing - Origina	ıl		
Greenwen Bemoeratie Town Committee	B. Itemized Contributions from I	ndividuale					
	B. Itemized Contributions from I	nuividuais					
Last Name		First Nar	me				MI
Carey		Во					
Residential Street Address		City			State	Zip Code	e
618 W Lyon Farm Dr		Greenwi	ch		CT	06831	
Principal Occupation		Nan	ne of Employer	•			
retired							
retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate			Yes No	Amo	ount of Con	tribution
x No	officer of a municipality does contributor or busing a contract with said municipality valued at more the		a willi liave				
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of	spective state contra	actor?	Yes X No			
If yes, list Event # X No	government the contract is with:	Execu	tive Legislative				
Method of Contribution			Date Received	Aggregate Contributions			
				-988			
Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money Order	08/25/2015	\$100.00		\$100.0	0
					!		
Last Name Brown		First Na					MI C
Residential Street Address		City	ncy		State	Zip Code	
1 Putnam HI # 3-B		Greenwi	ch		CT	06830	
Principal Occupation		Nar	ne of Employer				
			retired				
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate			Yes No	Amo	ount of Con	tribution
or dependent clind of a loodyist:	officer of a municipality does contributor or busing a contract with said municipality valued at more the		d with have				
No							
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pro	spective state contra	actor?	Yes X No			
If yes, list Event # No	If yes, indicate which branch or branches of government the contract is with:	Execu	tive Legislative				
Method of Contribution	3		Date Received	Aggregate Contributions	_		
			Date Received	Aggregate Contributions			
Cash Personal Check Credit/E	ebit Card Payroll Deduction	Money Order	08/25/2015	\$90.00		\$40.00)
				7-2-2-2	<u> </u>	,	
Last Name		First Na					MI
Grabarz		Jilli	ian		Gr. i	7: 0.1	
Residential Street Address 14 Norias Rd		City Greenwi	ch		State CT	Zip Code 06830	
Principal Occupation			me of Employer		CI	00030	1
11melpar Occupation		l Nai	ne of Employer				
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	committee for a chi	ef executive	Yes No	Amo	ount of Con	tribution
or dependent child of a loobyist?	officer of a municipality does contributor or busing		ed with have	Yes No			
No	a contract with said municipality valued at more th	ian \$5000?					
Is this contribution associated with an	Is contributor a principal of state contractor or pro-	spective state contra	actor?	Yes X No			
event reported in Section L1? If yes, list Event # No	If yes, indicate which branch or branches of	Execu					
	government the contract is with:						
Method of Contribution	_		Date Received	Aggregate Contributions			
Cash Personal Check Credit/I	ebit Card Payroll Deduction	Money Order	00/25/2015	#100.00		±100 0	0

\$100.00

\$100.00

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	I. MONETARY RECEIPT	S (Se	ction .	A-K)				
NAME OF COMMITTEE (Provide Complete Greenwich Democratic Town Committee	Name as Registered with Filing Reposite	,		ĺ	TYPE OF REPORT October 10 Filing - Origina	al		
Greenwich Democratic Town Committee	B. Itemized Contributions from 1	Individ	luale					
	D. Itemizeu Contributions from	marvic	iuais					
Last Name Kendall			First Na	nme chard				MI
Residential Street Address		City				State	Zip Coo	le
65 Ridge St			Greenw	ich		СТ	06830)
Principal Occupation			Na	me of Employer				
consultant				self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ness he/sh	e associat		Yes No	An	nount of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	ospective :	Execu		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash Rersonal Check Credit/D	ebit Card Payroll Deduction	Money	Order	08/25/2015	\$80.00		\$80.0	0
Last Name			First Na	ıme				MI
Kiernan			Ma	ary Lee				
Residential Street Address		City				State	Zip Coo	le
19 Birchwood Dr		(Greenw	ich		СТ	06831	L
Principal Occupation			Na	me of Employer				
retired lawyer								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ness he/sh	e associat		Yes No	An	nount of Cor	ntribution
Is this contribution associated with an	Is contributor a principal of state contractor or pro	spective :	state conti	ractor?	Yes X No			
event reported in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of government the contract is with:		Execu					
Method of Contribution	-			Date Received	Aggregate Contributions			
Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money	Order	08/25/2015	\$230.00		\$80.0	0
Last Name			First Na	ıme				MI
Brady			Ro	bert				
Residential Street Address		City				State	Zip Coo	le
16 Terrace Ave		F	Riversid			СТ	06878	3
Principal Occupation finance			Na	me of Employer retired				
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	committe	e for a ch	ief executive			nount of Cor	ntribution
or dependent child of a lobbyist? Yes	officer of a municipality does contributor or busin a contract with said municipality valued at more th	ness he/sh	e associat		Yes No	All	lount of Cor	itioution
Is this contribution associated with an	Is contributor a principal of state contractor or pro	spective :	state conti	ractor?	Yes X No			
event reported in Section L1? If yes, list Event # No	If yes, indicate which branch or branches of government the contract is with:	[Execu					
Method of Contribution	<u> </u>			Date Received	Aggregate Contributions			
Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money	Order	00/25/2015	±00.00		+00.0	•

\$80.00

		I. MONETARY RECEIPTS	S (Sec	ction A	A-K)					
		Name as Registered with Filing Reposito	,		,	TYPE OF REPORT October 10 Filing - Origin	al			
Greenwich Democratic Town C	Jommittee	B. Itemized Contributions from I	n divid	luala		Cotobol 10 1 ming Chight				
		B. Itemized Contributions from 1	naivio	iuais						
Last Name Richman				First Na	me ward					MI
Residential Street Address			City		wara		State	\neg	Zip Coo	de
387 Round Hill Rd			,	Greenw	ich		СТ		0683	1
Principal Occupation				Na	me of Employer					
					self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	e associate		Yes No		Amou	unt of Co	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No				
Method of Contribution					Date Received	Aggregate Contributions				
Cash X Personal Check	Credit/De	ebit Card Payroll Deduction	Money (Order	08/25/2015	\$245.00			\$45.0	0
Last Name				First Na	me					MI
Blankley				Ve	ra					
Residential Street Address			City				State		Zip Coo	de
10 Doverton Dr			(Greenw			СТ		0683	1
Principal Occupation retired				Nai	me of Employer					
or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	e associate		Yes No		Amou	unt of Co	ntribution
Is this contribution associated with an	Пус	Is contributor a principal of state contractor or pros	spective s	state contr	actor?	Yes X No				
event reported in Section L1? If yes, list Event #	Yes No	If yes, indicate which branch or branches of government the contract is with:		Execu	ntive Legisla					
Method of Contribution		•			Date Received	Aggregate Contributions				
Cash X Personal Check	Credit/De	ebit Card Payroll Deduction	Money (Order	08/25/2015	\$230.00			\$80.0	0
Last Name				First Na	me					MI
Blankley				Jo	hn					
Residential Street Address			City				State		Zip Coo	de
10 Doverton Dr			(Greenw			СТ		0683	1
Principal Occupation				Na	me of Employer					
President					Flagship Netwo	orks Inc.				
of dependent child of a foobyist?		If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	e associate		Yes No		Amou	unt of Co	ntribution
Is this contribution associated with an	Yes	Is contributor a principal of state contractor or pros	spective s	state contr	actor?	Yes X No				
event reported in Section L1? If yes, list Event #	No No	If yes, indicate which branch or branches of government the contract is with:		Execu	itive Legisla					
Method of Contribution					Date Received	Aggregate Contributions]			
Cash Personal Check	Credit/De	ebit Card Payroll Deduction	Money (Order	00/25/2015	#220.00			+00.0	.0

\$330.00

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		I. MONETARY RI	ECEIPTS	(Section	A-K)			
NAME OF COMMITTEE (Dravida Co	mmlata M				ŕ	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Co Greenwich Democratic Town Com		ame as Registered with Finn	g Kepositoi	у)		October 10 Filing - Origina	al	
Greenwich Benicerate Town Con-		B. Itemized Contribution	ns from In	dividuals				
		B. Itemized Contribution	is irom in	idi viddais				
Last Name				First Na	ame			MI
Pollack					erald			A
Residential Street Address				City			State	Zip Code
27 Irvine Rd				Old Gre	enwich		СТ	06870
Principal Occupation			•	Na	ime of Employer			
economist								
	1						1 .	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to officer of a municipality does contrib				Yes No	An	nount of Contribution
X No		a contract with said municipality valu						
Is this contribution associated with an	, +	Is contributor a principal of state con	tractor or prosp	ective state cont	ractor?		_	
event reported in Section L1?	Yes	If yes, indicate which branch or branch				Yes X No		
If yes, list Event #	No	government the contract is with:		Exec	utive Legislativ	ve .		
Method of Contribution	-				Date Received	Aggregate Contributions		
Cash Personal Check	Credit/Debit	t Card Payroll Deduction		Money Order				
Casn Personal Check	Credit/Debit	reard Payron Deduction	1 L N	vioney Order	08/25/2015	\$230.00		\$80.00
Last Name				First Na	ame			MI
Ramer					ffrey			s
Residential Street Address				City	,		State	Zip Code
2 Wesskum Wood Rd				Riversio	de		CT	06878
Principal Occupation				Na	ime of Employer			•
retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to officer of a municipality does contrib				Yes No	An	nount of Contribution
X No		a contract with said municipality valu						
Is this contribution associated with an	, +	Is contributor a principal of state con	tractor or prosp	ective state cont	ractor?		_	
event reported in Section L1?	Yes	If yes, indicate which branch or branch				Yes X No		
If yes, list Event #	No	government the contract is with:		Exec	utive Legislativ	ve e		
Method of Contribution					Date Received	Aggregate Contributions		
Cash Personal Check	Credit/Debit	t Card Payroll Deduction		Money Order				
Casii Ciconai Cicco	Cicuit Debit	reard Taylor Beddenor		violicy Order	08/25/2015	\$230.00		\$80.00
Last Name				First Na	ame			MI
Vecchiola				Sh	naron			В
Residential Street Address				City			State	Zip Code
193 Byram Rd				Greenw	rich		CT	06830
Principal Occupation				Na	me of Employer			
Democratic Registrar of Voters					Town of Greenw	ich		
Is contributor a lobbyist, spouse,		If contribution is in excess of \$400 to				Yes No	An	nount of Contribution
or dependent clind of a loobyist:	1 '	officer of a municipality does contrib a contract with said municipality value			ed with have			
x _{No}								
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of state con		ective state cont	ractor?	Yes X No		
If yes, list Event #	No	If yes, indicate which branch or branch government the contract is with:	ches of	Exec	utive Legislativ	re e		
Method of Contribution					Date Received	Aggregate Contributions	\dashv	
					Date Received	2.581 Sate Contributions		
Cash Personal Check	Credit/Debit	t Card Payroll Deduction	ı 📙 N	Money Order	00/25/2015	4120.00		±00.00

\$130.00

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		I. M	ONETARY REC	CEIPTS (Section	A-K)					
NAME OF COMMITTEE (Dro	vida Camplata						TYPE OF REPORT				
NAME OF COMMITTEE (Pro Greenwich Democratic Tow		Name as Ke	egistered with Finnig i	(Kepository			October 10 Filing - Origin	al			
Greenwich Bemoerate 10W	ii Committee	R Itemi	zed Contributions	from Ind	ividuals						
		D. Itemi	zeu Contributions	Trom ma	ividuais						
Last Name					First Na	ame					MI
Vecchiola					Pe	eter					J
Residential Street Address				C	City			State	\neg	Zip Cod	le
193 Byram Rd					Greenw	vich		СТ		06830)
Principal Occupation				-	Na	ame of Employer					
						Abilis of Greenw	vich				
Is contributor a lobbyist, spouse,	Yes	If contribution	on is in excess of \$400 to a	candidate com	mittee for a ch	nief executive	Yes No		Amou	nt of Con	tribution
or dependent child of a loody ist:	x Yes		municipality does contribute ith said municipality valued			ted with have	L Yes L No				
Is this contribution associated with an		Is contributo	or a principal of state contract	ctor or prospec	tive state cont	ractor?	Yes X No	-			
event reported in Section L1? If yes, list Event #	X No		ate which branch or branche the contract is with:	s of	Exec						
M 1 1 00 1 7 1		government	the contract is with.			In a contract of		_			
Method of Contribution	_		_	_		Date Received	Aggregate Contributions				
Cash Personal Check	Credit/De	ebit Card	Payroll Deduction	L Mo	ney Order	08/25/2015	\$45.00			\$45.00	0
Last Name					First Na	ame					MI
Fuzesi					St	ephen Jr.					
Residential Street Address				C	City			State	\top	Zip Cod	le
3 Castle Ct					Greenw	rich		СТ		06830)
Principal Occupation					Na	ame of Employer					
visiting lecturer						self					
Is contributor a lobbyist, spouse,	Yes		on is in excess of \$400 to a				Yes No		Amour	nt of Con	tribution
of dependent child of a loodyist:			nunicipality does contributo ith said municipality valued			led with have					
	No							_			
Is this contribution associated with an event reported in Section L1?	Yes		or a principal of state contract ate which branch or branche		tive state cont	ractor?	Yes X No				
If yes, list Event #	No		the contract is with:	5 01	Exec	utive Legislati	ve				
Method of Contribution		<u> </u>				Date Received	Aggregate Contributions	\dashv			
Cash X Personal Check	П										
Cash Personal Check	Credit/De	ebit Card	Payroll Deduction	☐ Mo	ney Order	08/25/2015	\$80.00			\$80.00	0
Last Name					First Na	ame					MI
Kamlani					De	eirdre					
Residential Street Address				C	City			State		Zip Cod	
33 Angus Ln					Greenw			СТ		06831	-
Principal Occupation					Na	ame of Employer					
academic research/policy											
Is contributor a lobbyist, spouse,	Yes		on is in excess of \$400 to a				Yes No		Amou	nt of Con	tribution
of dependent child of a loodyist:			nunicipality does contribute ith said municipality valued			ieu with nave					
	x No										
Is this contribution associated with an event reported in Section L1?	Yes		or a principal of state contract		tive state cont	ractor?	Yes X No				
If yes, list Event #	x No		ate which branch or branche the contract is with:	5 01	Exec	utive Legislati	ve				
Method of Contribution		<u> </u>				Date Received	Aggregate Contributions	\dashv			
Cash X Personal Check	Credit/De	ebit Card	Payroll Deduction	□ мо	ney Order						
ona check					.,	100/25/2015	I #21E 00	1		+465 0	

\$315.00

\$165.00

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	I. MONETARY RECEIPT	S (Section	A-K)			
NAME OF COMMITTEE (Provide Compl		·	, i	TYPE OF REPORT		
Greenwich Democratic Town Committ		лу)		October 10 Filing - Origin	al	
Greenwich Bemoeratie Town Commit	B. Itemized Contributions from I	Individuals				
	B. Itemized Contributions from I	iluiviuuais				
Last Name		First N	Vame			MI
O'Shea			Barbara			
Residential Street Address		City			State	Zip Code
636 Steamboat Rd Apt 3E		Green	wich		CT	06830
Principal Occupation		N	lame of Employer			•
broker associate			Sotheby's Interr	national Realty		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she associa		Yes No	Am	nount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Ye No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	spective state cor	'	Yes X No		
Method of Contribution	·		Date Received	Aggregate Contributions		
Cash X Personal Check Credi	t/Debit Card Payroll Deduction	Money Order	08/25/2015	\$280.00		\$80.00
Last Name		First N	Jama	1	•	MI
Burke			andrew			IVII
Residential Street Address		City	marew		State	Zip Code
16 Sound Beach Ave		1 '	eenwich		СТ	06870
Principal Occupation		N	lame of Employer			
caterer			self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she associa		Yes No	Am	nount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:		cutive Legislativ	Yes X No		
Method of Contribution	•		Date Received	Aggregate Contributions		
Cash X Personal Check Credi	t/Debit Card Payroll Deduction	Money Order	08/25/2015	\$35.00		\$35.00
Last Name		First N	Vame			MI
Applebaum		D	Debbie			
Residential Street Address		City			State	Zip Code
10 Deerfield Ln		Green	wich		CT	06831
Principal Occupation		N	lame of Employer			
BOE/homemaker						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she associa		Yes No	Am	nount of Contribution
Is this contribution associated with an	Is contributor a principal of state contractor or pro	spective state cor	ntractor?	Yes X No		
event reported in Section L1? If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:	Exe	cutive Legislativ			
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credi	t/Debit Card Payroll Deduction	Money Order	00/25/2015	±45.00		±45.00

\$45.00

\$45.00

								Page 17 01 4
		I. MONETARY RECEI	PTS (Sect	ion A	A-K)			
NAME OF COMMITTEE (Provide Co	omplete Nam	ne as Registered with Filing Reno	sitory)		Т	YPE OF REPORT		
Greenwich Democratic Town Com	•	io as registered with rining respe	,,,,,			ctober 10 Filing - Origina	al	
	В.	Itemized Contributions from	m Individu	als				
Last Name			F	irst Naı	me			MI
Hussey				Pat	tricia			А
Residential Street Address			City				State	Zip Code
58 Halsey Dr			Ole		enwich		СТ	06870
Principal Occupation				Nan	ne of Employer			
Data Governance Mgr					GE Capital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	offi	contribution is in excess of \$400 to a candic icer of a municipality does contributor or b contract with said municipality valued at mo	usiness he/she a			Yes No	A	mount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes If y	contributor a principal of state contractor or res, indicate which branch or branches of vernment the contract is with:	· · —	te contra		Yes X No		
Method of Contribution	•				Date Received	Aggregate Contributions		
Cash X Personal Check	Credit/Debit Ca	ard Payroll Deduction	Money Ore	der	08/25/2015	\$230.00		\$80.00
Last Name			F	irst Na	me			MI
Golden				Ro	bert			
Residential Street Address			City				State	Zip Code
10 Shorelands Pl			Ole	_	enwich		СТ	06870
Principal Occupation				Nan	ne of Employer			
cable tv					Time Warner Cab	le		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	offi	contribution is in excess of \$400 to a candic icer of a municipality does contributor or b ontract with said municipality valued at mo	usiness he/she a			Yes No	A	mount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes If y	contributor a principal of state contractor or res, indicate which branch or branches of vernment the contract is with:	prospective sta	Execu		Yes X No		
Method of Contribution	•				Date Received	Aggregate Contributions		
Cash X Personal Check	Credit/Debit Ca	ard Payroll Deduction	Money Or	der	08/25/2015	\$100.00		\$50.00
Last Name			F	irst Na	me			MI
Cunningham				JS	helby			
Residential Street Address			City				State	Zip Code
37 E Lyon Farm Dr			Gr	eenwi			СТ	06831
Principal Occupation				Nar	ne of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	offi	ontribution is in excess of \$400 to a candic icer of a municipality does contributor or b ontract with said municipality valued at mo	usiness he/she a			Yes No	A	mount of Contribution
Is this contribution associated with an event reported in Section L1?	Yes	contributor a principal of state contractor or	prospective sta	te contra	actor?	Yes X No		
If yes, list Event #	No.	res, indicate which branch or branches of vernment the contract is with:		Execu	tive Legislative			
Method of Contribution					Date Received	Aggregate Contributions		
Cash Personal Check	Credit/Debit Ca	ard Payroll Deduction	Money Or	der	00/25/2015	#40.00		+40.00

\$40.00

\$40.00

							1 45	,c 10 01 4
	I. MONETARY RECEIPT	S (Sec	ction A	A-K)				
	lete Name as Registered with Filing Reposito	,			TYPE OF REPORT October 10 Filing - Origina			
Greenwich Democratic Town Commi					October to Filing - Origina	11		
	B. Itemized Contributions from I	ndivid	luals					
Last Name Berg			First Na	me ter				MI
Residential Street Address		City	- 10			State	Zip Cod	ie
28 Dandy Dr		C	Cos Cob)		СТ	86878	
Principal Occupation		•	Na	me of Employer			•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate of ficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	associate		Yes No	Am	ount of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Y X N	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Rersonal Check Cree	dit/Debit Card Payroll Deduction	Money C	Order	08/25/2015	\$160.00		\$160.0	00
Last Name			First Na	me				MI
Whalen			Jo	hn				
Residential Street Address		City				State	Zip Cod	
21 Field Rd Principal Occupation			Cos Cob	me of Employer		СТ	06878	3
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate of ficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	associate		Yes No	Am	ount of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Y X N	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash X Personal Check Cree	dit/Debit Card Payroll Deduction	Money C	Order	08/25/2015	\$100.00		\$100.0	00
Last Name			First Na	me				MI
Asselin		,	Sh	awn				
Residential Street Address		City				State	Zip Cod	
14 Crawford Terract Principal Occupation		R	Riversid	me of Employer		СТ	06878	3
sales			Iva	Data-Marl				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	associate		Yes No	Am	ount of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	tate contr		Yes X No			
Method of Contribution			_	Date Received	Aggregate Contributions			
Cash Personal Check Cree	dit/Debit Card Payroll Deduction	Money C	Order	00/25/2015	445.00		±45.0	0

\$45.00

\$45.00

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	I. MONETARY RECEIPT	S (Se	ction .	A-K)				
NAME OF COMMITTEE (Provide Complete	te Name as Registered with Filing Reposito	,		Ź	TYPE OF REPORT	-1		
Greenwich Democratic Town Committee					October 10 Filing - Origina			
	B. Itemized Contributions from I	Individ	luals					
Last Name Weisbrod			First Na	me avid				MI
Residential Street Address		City	De	iviu		State	Zip Coc	de
97 Husted Ln		1 '	Greenw	ich		CT	06830	
Principal Occupation			Na	me of Employer		-		
financial executive				LCH Clearnet L	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	Aı	mount of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash Personal Check Credit/	Debit Card Payroll Deduction	Money (Order	08/25/2015	\$80.00		\$80.0	0
Last Name			First Na	me				MI
Rafferty			Da	ivid				
Residential Street Address		City				State	Zip Coo	le
172 Cognewaugh Rd		(Cos Cob			СТ	06807	7
Principal Occupation			Na	me of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	Aı	mount of Cor	ıtribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Rersonal Check Credit/	Debit Card Payroll Deduction	Money (Order	08/25/2015	\$45.00		\$45.0	0
Last Name			First Na	me				MI
Finger			Wi	illiam				R
Residential Street Address		City				State	Zip Coo	le
5 Reynwood Mnr		(Greenw			СТ	06831	1
Principal Occupation real estate			Na	me of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	Aı	mount of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/	Debit Card Payroll Deduction	Money (Order	00/25/2015	¢45.00		±45.0	0

\$45.00

\$45.00

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	I. MONETARY RECEIPT	'S (Section	A-K)				
NAME OF COMMITTEE (B. 11 C. 1		·	ŕ	EVIDE OF DEDODIT			
NAME OF COMMITTEE (Provide Complete Greenwich Democratic Town Committee)		ory)		ΓΥΡΕ OF REPORT October 10 Filing - Origina	al		
Greenwich Bemoeratie Town Committee	B. Itemized Contributions from	Individuale					
	B. Itemized Contributions from	iliuiviuuais					
Last Name		First 1	Vame				MI
Milliken			anet				
Residential Street Address		City			State	Zip Cod	le
122 Cedar Cliff Rd		Rivers	ide		СТ	06878	3
Principal Occupation		N	lame of Employer	•			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busing			Yes No	Amo	ount of Con	ntribution
No	a contract with said municipality valued at more t		ated with have				
					_		
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of	spective state coi	ntractor?	Yes X No			
If yes, list Event # No	government the contract is with:	Exe	cutive Legislative	e			
Method of Contribution			Date Received	Aggregate Contributions	\dashv		
L							
Cash Personal Check Credit	Debit Card Payroll Deduction	Money Order	09/01/2015	\$50.00		\$50.00	0
		Leca					
Last Name Aurelia		First 1	Name Nichael				MI
Residential Street Address		City	лспает		State	Zip Cod	le .
72 Oak Ridge St		Green	wich		CT	06830	
Principal Occupation		l N	lame of Employer				
			0.16				
consultant			Self				
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate			Yes No	Amo	ount of Con	ntribution
or dependent entitle of a looby ist:	officer of a municipality does contributor or busin a contract with said municipality valued at more t		ated with have	nes ne			
No	1						
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pro	spective state co	ntractor?	Yes X No			
If yes, list Event # No	If yes, indicate which branch or branches of government the contract is with:	Exe	cutive Legislative	e			
Method of Contribution			Date Received	Aggregate Contributions	\dashv		
			Date Received	Aggregate Contributions			
Cash Personal Check Credit	Debit Card Payroll Deduction	Money Order	09/01/2015	\$130.00		\$80.00	0
				1			
Last Name		First 1					MI
Savageau Residential Street Address		City	Denise		State	Zip Cod	le .
72 Oak Ridge St		Green	wich		CT	06830	
Principal Occupation			lame of Employer			00050	
Environmental Planner			Town of Greenwi	ch			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	committee for a	chief executive	Yes No	Amo	ount of Con	ntribution
or dependent entitle of a lobby ist:	officer of a municipality does contributor or busing		ated with have	L res L No			
□ No	a contract with said municipality valued at more t	nan \$5000!					
Is this contribution associated with an	Is contributor a principal of state contractor or pro	spective state con	ntractor?	Yes X No			
event reported in Section L1? If yes, list Event # No	If yes, indicate which branch or branches of government the contract is with:	Exe	cutive Legislative				
·	government the contract is with.		_		\dashv		
Method of Contribution			Date Received	Aggregate Contributions			
Cash Personal Check Credit	Debit Card Payroll Deduction	Money Order	00/01/2015	4155.00		±00.0	0

\$155.00

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	I. MONETARY RECEIPT	S (Se	ction 2	A-K)				
NAME OF COMMITTEE (Provide Complete Greenwich Democratic Town Committee	Name as Registered with Filing Reposite				TYPE OF REPORT October 10 Filing - Origina	al		
Greenwich Democratic Town Committee	B. Itemized Contributions from 1	Individ	duale					
	B. Itemized Contributions from i	muivic	iuais					
Last Name Blumensaadt			First Na					MI
Residential Street Address		City	711	···		State	Zip Cod	le
4 Talbot Ln			Greenw	ich		СТ	06830	
Principal Occupation		•	Na	me of Employer				
				Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ness he/sh	e associat		Yes No	Am	nount of Con	itribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	ospective s	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money (Order	09/01/2015	\$230.00		\$50.00	0
Last Name			First Na	me				MI
Blumensaadt			Ar	ın				
Residential Street Address		City				State	Zip Cod	le
4 Talbot Ln			Greenw			СТ	06830)
Principal Occupation			Na	me of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ness he/sh	e associat		Yes No	Am	nount of Con	ıtribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	ospective s	State control		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money (Order	09/01/2015	\$230.00		\$80.00	0
Last Name			First Na	me				MI
Giacomo			Ly	nn				
Residential Street Address		City				State	Zip Cod	le
1 Circle Dr		(Greenw			СТ	06830)
Principal Occupation Asst Voter Registrar			Na	me of Employer Town of Greenw	vich			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ness he/sh	e associat		Yes No	Am	nount of Con	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	ospective s	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money (Order	00/04/2045	+240.00		+00.0	•

\$240.00

\$90.00

	I. MONETARY RECEIPTS	<u>S (Se</u>	ction .	A-K)				
NAME OF COMMITTEE (Provide Complete	Name as Registered with Filing Reposito	ry)			TYPE OF REPORT			
Greenwich Democratic Town Committee					October 10 Filing - Origina	al		
	B. Itemized Contributions from I	ndivi	luals					
Last Name			First Na	ime				MI
Smahl			Sa	ıra				В
Residential Street Address		City				State	Zip Co	
5 Putnam HI Apt 4K		(Greenw			СТ	0683	0
Principal Occupation			Na	me of Employer				
Legal Analyst				TIAA-CREF Fina	ncial Services			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate of ficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	A	mount of Co	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective	Exec		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	bit Card Payroll Deduction	Money	Ondon					
Casn Personal Check Credit/De	Bit Card Payroll Deduction	Money	Order	09/01/2015	\$25.00		\$25.0	00
Last Name			First Na	ime				MI
Beerman				bert				L
Residential Street Address		City				State	Zip Co	de
235 Weaver St Unit 6A			Greenw	ich		СТ	0683	1
Principal Occupation			Na	me of Employer				
Attorney				Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No	A	mount of Co	ontribution
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective	state cont	ractor?	Yes X No			
event reported in Section L1? If yes, list Event # Yes No	If yes, indicate which branch or branches of	Г	Exec					
ii yes, list Event#	government the contract is with:		Exec	. Legisiativ				
Method of Contribution				Date Received	Aggregate Contributions			
Cash Rersonal Check Credit/De	bit Card Payroll Deduction	Money	Order	09/01/2015	\$40.00		\$40.0	00
Last Name			First Na	ıme				MI
Steinfeld			Re	ebecca				
Residential Street Address		City				State	Zip Co	de
16 Tod Ln			Greenw	ich		СТ	0683	1
Principal Occupation			Na	me of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No	A	mount of Co	ntribution
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective	state cont	ractor?	Yes X No			
event reported in Section L1? If yes, list Event # No	If yes, indicate which branch or branches of		Exec					
	government the contract is with:					_		
Method of Contribution	_			Date Received	Aggregate Contributions			
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money	Order	00/04/2015	#300.00		+00.6	

\$290.00

\$90.00

							1 age 25 0	,1 4
	I. MONETARY RECEIPT	S (Sec	ction 2	A-K)				
NAME OF COMMITTEE (Provide Complete	e Name as Registered with Filing Reposito	·		Í	TYPE OF REPORT			
Greenwich Democratic Town Committee					October 10 Filing - Origina	3I		_
	B. Itemized Contributions from I	Individ	luals					
Last Name Flores-Velazco			First Na				MI	
Residential Street Address		City	All	cia		State	Zip Code	
115 Mead Ave		1 1	Greenw	ich		CT	06830	
Principal Occupation				me of Employer			1 00030	
				self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she	e associat		Yes No	Ar	mount of Contribution	on
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/	Debit Card Payroll Deduction	Money (Order	09/01/2015	\$85.00		\$85.00	
Last Name			First Na	me			MI	_
Huley			Ja	net				
Residential Street Address		City				State	Zip Code	
21 Scott Ln		(Greenw	ich		СТ	06831	
Principal Occupation			Na	me of Employer				
DBA				Greenwich Asso	ociates			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate of ficer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she	e associat		Yes No	Ar	mount of Contribution	on
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash Personal Check Credit/	Debit Card Payroll Deduction	Money (Order	09/01/2015	\$160.00		\$160.00	
Last Name			First Na	me			MI	
Wylie			Ro	bert			S	
Residential Street Address		City				State	Zip Code	
55 Buckfield Ln		(Greenw	ich		СТ	06831	
Principal Occupation			Na	me of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she	e associat		Yes No	Ar	mount of Contribution	on
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/	Debit Card Payroll Deduction	Money (Order	00/01/2015	400.00		+00.00	

\$80.00

							1 age 24 01
	I. MONETARY RECEIPT	S (Se	ction	A-K)			
NAME OF COMMITTEE (Provide Comple	te Name as Registered with Filing Reposito			,	TYPE OF REPORT October 10 Filing - Origina	al	
Greenwich Democratic Town Committee					October to Filling - Origina	aı	
	B. Itemized Contributions from 1	Individ	luals				
Last Name Pittocco			First Na	illip			MI M
Residential Street Address		City				State	Zip Code
229 Hamilton Ave		1 1	Greenw	ich		СТ	06830
Principal Occupation			Na	me of Employer			, 1
Security Supervisor				Kennedy Securi	ty Services		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ness he/sh	e associat		Yes No	An	nount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	ospective s	Exec		Yes X No		
Method of Contribution				Date Received	Aggregate Contributions		
Cash X Personal Check Credit	Debit Card Payroll Deduction	Money (Order	09/01/2015	\$235.00		\$85.00
Last Name			First Na	ime			MI
Klein			Sa	indy			
Residential Street Address		City				State	Zip Code
29 Widgeon Way		(Greenw			СТ	06830
Principal Occupation			Na	me of Employer			
Realtor				Berkshire Hatha	away Home Services		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ness he/sh	e associat		Yes No	An	nount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	ospective s	Exec		Yes X No		
Method of Contribution	•			Date Received	Aggregate Contributions		
Cash X Personal Check Credit	Debit Card Payroll Deduction	Money (Order	09/01/2015	\$40.00		\$40.00
Last Name			First Na	ime			MI
Edwards			Ch	nristine			
Residential Street Address		City				State	Zip Code
111 Bible St		(Cos Col			СТ	06807
Principal Occupation			Na	me of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ness he/sh	e associat		Yes No	An	nount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	ospective s	Exec		Yes X No		
Method of Contribution				Date Received	Aggregate Contributions		
Cash Personal Check Credit	Debit Card Payroll Deduction	Money (Order	00/01/2015	4105.00		±45.00

\$195.00

\$45.00

	I. MONETARY RECEIPT	S (Se	ction	A-K)				
NAME OF COMMITTEE (Provide Complete		,		,	TYPE OF REPORT			
Greenwich Democratic Town Committee					October 10 Filing - Origina	al		
	B. Itemized Contributions from I	ndivi	duals	<u> </u>				
Last Name			First Na	ame				MI
Edwards			Ni	ck				С
Residential Street Address		City	Caa Cal	_		State	Zip Co	
Principal Occupation			Cos Col	me of Employer		СТ	0680	/
Timopai decapation			'''					
				Town of Greenw	ich			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No	Aı	nount of Co	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective	state cont		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money	Ondon					
Casn Personal Check Credit/Do	Payron Deduction	Money	Order	09/01/2015	\$40.00		\$40.0	0
Last Name			First Na	ame				MI
Varga			Не	elma				
Residential Street Address		City				State	Zip Co	de
74 Bruce Park Ave			Greenw			СТ	0683	0
Principal Occupation			Na	me of Employer				
				Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No	At	nount of Co	ntribution
Is this contribution associated with an Yes	Is contributor a principal of state contractor or pros	spective	state cont	ractor?	Yes X No			
event reported in Section L1? If yes, list Event # No	If yes, indicate which branch or branches of	Ε	Exec					
	government the contract is with:							
Method of Contribution	_			Date Received	Aggregate Contributions			
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money	Order	09/11/2015	\$140.00		\$40.0	0
Last Name			First Na	ame				MI
Francis			Ga	aetane				
Residential Street Address		City				State	Zip Co	de
11 Tree Top Ter		(Greenw			СТ	0683	1
Principal Occupation			Na	me of Employer				
Physician				Brookside Gyneo	cology			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	Aı	nount of Co	ntribution
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective	state cont	ractor?	Yes X No			
event reported in Section L1? If yes, list Event # Yes No	If yes, indicate which branch or branches of government the contract is with:		Exec					
Method of Contribution	<u> </u>			Date Received	Aggregate Contributions			
Cash Personal Check Credit/Do	ebit Card Payroll Deduction	Money	Order	00/44/2045	#222.00		+400	20

09/11/2015

\$330.00

\$180.00

	I. MONETARY RECEIPT	S (Se	ction .	A-K)				
NAME OF COMMITTEE (Provide Complete		,			TYPE OF REPORT			
Greenwich Democratic Town Committee	:				October 10 Filing - Origin	al		
	B. Itemized Contributions from I	ndivi	duals					
Last Name			First Na					MI
Picard Residential Street Address		City	EI	len		State	Zip Co	de
3 River Ave Apt 2B		1	Greenw	rich		CT	0683	
Principal Occupation				me of Employer		<u> </u>	1 3333	
				Community Vol	unteer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No	А	amount of Co	entribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective	state cont		Yes X No			
Method of Contribution	!			Date Received	Aggregate Contributions			
Cash Personal Check Credit/Do	ebit Card Payroll Deduction	Money	Ordor					
Casii Fersonai Check Credio D	rayion beduction	Wioney	Oldei	09/11/2015	\$40.00		\$40.0	00
Last Name			First Na	ame				MI
Lavery			Liı	nda				
Residential Street Address		City				State	Zip Co	de
22 Alden Rd		(Greenw			СТ	0683	0
Principal Occupation			Na	me of Employer Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate of ficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	А	amount of Co	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective	state cont		Yes X No			
Method of Contribution	-			Date Received	Aggregate Contributions			
Cash Personal Check Credit/Do	ebit Card Payroll Deduction	Money	Order	09/11/2015	\$45.00		\$45.0	00
Last Name			First Na	ame				MI
Nepola				Richard				
Residential Street Address		City				State	Zip Co	de
140 Grove St Apt 2D			Stamfo	rd		СТ	0690	1
Principal Occupation			Na	me of Employer				
Real Estate Salesman				Weichert Realto	ors			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No	A	amount of Co	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of	spective	_		Yes X No			
If yes, list Event # No	government the contract is with:	L	Exec	utive Legislati	ve			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money	Order	00/44/2045	+30.00		+20.6	

09/11/2015

\$20.00

\$20.00

							1 4 5 6 2 7 61 -
	I. MONETARY RECEIPTS	S (Se	ction 2	A-K)			
NAME OF COMMITTEE (Provide Complet	te Name as Registered with Filing Reposito	,			TYPE OF REPORT October 10 Filing - Origina	al	
Greenwich Democratic Town Committee		1			October 10 1 ming - Origina	aı	
	B. Itemized Contributions from I	ndivid	luals				
Last Name McNamee			First Na	me			MI B
Residential Street Address		City	1110	ai y		State	Zip Code
1 Putnam HI # 3C		1 1	Greenw	ich		СТ	06830
Principal Occupation			Na	me of Employer			
Accountant				retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No	Aı	mount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No		
Method of Contribution	•			Date Received	Aggregate Contributions		
Cash Personal Check Credit/	Debit Card Payroll Deduction	Money (Order	09/11/2015	\$40.00		\$40.00
Last Name			First Na	me			MI
Berner			De	eborah			D
Residential Street Address		City				State	Zip Code
86 Dandy Dr			Cos Cot			СТ	06807
Principal Occupation			Na	me of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No	Aı	mount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No		
Method of Contribution				Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/	Debit Card Payroll Deduction	Money (Order	09/11/2015	\$30.00		\$30.00
Last Name			First Na	me			MI
Grad			Wi	Illiam			L
Residential Street Address		City				State	Zip Code
812 Lake Ave		(Greenw			СТ	06830
Principal Occupation Real Estate			Na	me of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate of ficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No	Aı	mount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Execu				
Method of Contribution				Date Received	Aggregate Contributions		
Cash Personal Check Credit/	Debit Card Payroll Deduction	Money (Order	00/11/2015	#80.0C		+00.00

09/11/2015

\$80.00

									1 45	,C 20 01 1
		I. MONETARY RECEIPT	S (Sec	ction A	A-K)					
NAME OF COMMITTEE (Provide Greenwich Democratic Town		Name as Registered with Filing Repositor	,			TYPE OF REPORT October 10 Filing - Origin	al			
		B. Itemized Contributions from I	Individ	luals		L				
Last Name Kantorski				First Na	_{me} tricia					MI B
Residential Street Address			City				State	Т	Zip Cod	le
38 William St W				Greenw	ich		СТ		06830)
Principal Occupation				Na	me of Employer					
Architect				\perp	Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	e associate		Yes No		Amou	nt of Con	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No				
Method of Contribution					Date Received	Aggregate Contributions				
Cash X Personal Check	Credit/Del	bit Card Payroll Deduction	Money (Order	09/11/2015	\$80.00			\$80.00	D
Last Name Bambrick				First Na						MI
Residential Street Address			City		•		State	\neg	Zip Cod	le
1 Wendle Pl				Old Gre	enwich		СТ		06870)
Principal Occupation				Na	me of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	1 103	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	e associate		Yes No		Amou	nt of Con	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No				
Method of Contribution	-				Date Received	Aggregate Contributions				
Cash X Personal Check	Credit/Del	bit Card Payroll Deduction	Money (Order	09/11/2015	\$80.00			\$80.00	D
Last Name Sanders				First Na	me zabeth					MI
Residential Street Address			City				State	Т	Zip Cod	le
30 Brunswick Dr			(Greenw	ich		СТ		06830)
Principal Occupation				Na	me of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she	e associate		Yes No		Amou	nt of Con	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No				
Method of Contribution					Date Received	Aggregate Contributions				
Cash X Personal Check	Credit/Del	bit Card Payroll Deduction	Money (Order	00/45/2045	400.00			+00.00	•

09/15/2015

\$80.00

									1 42	50 27 01 4
		I. MONETARY RECEIPT	S (Sec	tion A	\-K)					
NAME OF COMMITTEE (Pro		Name as Registered with Filing Reposite	ory)		•	TYPE OF REPORT October 10 Filing - Origin	al			
Greenwich Bemoeratie 10v	vii Committee	B. Itemized Contributions from	Individ	nale		1				
		B. Itemizea Contributions from	marvia	uais						
Last Name Greenberg				First Na	ne nneth					MI
Residential Street Address			City				State	\neg	Zip Coo	de
15 Sachem Rd			G	reenwi	ch		СТ		06830	
Principal Occupation				Nar	ne of Employer					
Attorney					Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the said municipality valued at more than the said municipality was the said munici	ness he/she han \$5000?	associate	d with have	Yes No		Amo	unt of Co	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	ospective st	Execu		Yes X No				
Method of Contribution					Date Received	Aggregate Contributions				
Cash X Personal Check	Credit/De	bit Card Payroll Deduction	Money O	rder	09/15/2015	\$1,000.00		:	\$1,000	.00
Last Name				First Na	ne					MI
Kirk				Do	nald		_			J
Residential Street Address			City				State		Zip Coo	
40 Rockwood Ln			G	reenwi			СТ		06830)
Principal Occupation				Nar	ne of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more to	ness he/she	associate		Yes No		Amo	unt of Co	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	ospective st	ate contro		Yes X No				
Method of Contribution					Date Received	Aggregate Contributions				
Cash X Personal Check	Credit/De	bit Card Payroll Deduction	Money O	rder	09/22/2015	\$100.00			\$100.0	00
Last Name				First Na	ne					MI
King				Wi	liam					
Residential Street Address			City				State		Zip Co	de
11 Nearwater Ln			Ri	iversid			СТ	$__$	06878	3
Principal Occupation Accounting				Nar	ne of Employer Stamford Muse	eum and Nature Center	-			
Is contributor a lobbyist, spouse,		If contribution is in excess of \$400 to a candidate	committee	for a chi	ef executive		<u> </u>	Amo	unt of Co	ntribution
or dependent child of a lobbyist?	Yes No	officer of a municipality does contributor or busin a contract with said municipality valued at more ti	ness he/she	associate		Yes No		Timo	unit of Co.	introducion
Is this contribution associated with an	□ v _{oo}	Is contributor a principal of state contractor or pro	spective st	ate contr	actor?	Yes X No				
event reported in Section L1? If yes, list Event #	Yes No	If yes, indicate which branch or branches of government the contract is with:		Execu	tive Legislat					
Method of Contribution					Date Received	Aggregate Contributions				
Cash Rersonal Check	Credit/De	bit Card Payroll Deduction	Money O	rder	00/24/2015	* 55.00			+55.0	

\$55.00

\$55.00

									,0 00 1 4.
		I. MONETARY RECEI	PTS (Se	ction	A-K)				
		Name as Registered with Filing Repo	•		,	TYPE OF REPORT			
Greenwich Democratic Tow	n Committee					October 10 Filing - Origina	al 		
		B. Itemized Contributions from	m Individ	duals					
Last Name				First Na					MI
Oberlander Residential Street Address			City	Jil			State	Zip Cod	le .
19 Bush Ave				Greenw	ich		CT	06830	
Principal Occupation			I	Na	me of Employer				
homemaker									
of dependent child of a lobbyist:	Yes No	If contribution is in excess of \$400 to a candic officer of a municipality does contributor or b a contract with said municipality valued at mo	ousiness he/she	e associat		Yes No	Amo	ount of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state contractor or If yes, indicate which branch or branches of government the contract is with:	r prospective s	Exec		Yes X No			
Method of Contribution					Date Received	Aggregate Contributions			
Cash X Personal Check	Credit/De	bit Card Payroll Deduction	Money (Order	09/24/2015	\$420.00		\$220.0	10
Last Name				First Na	me				MI
Carriero				Ca	therine				
Residential Street Address			City				State	Zip Cod	
15 Tree Top Ter			(Greenw			СТ	06831	
Principal Occupation Social Services				Na	me of Employer ARC of Westch	ester			
Is contributor a lobbyist, spouse,	_	If contribution is in excess of \$400 to a candid	date committe	e for a ch	ief evecutive		I Am	ount of Con	atribution
or dependent child of a lobbyist?	Yes No	officer of a municipality does contributor or b a contract with said municipality valued at mo	ousiness he/she	e associat		Yes No		June of Con	arroution
Is this contribution associated with an	\neg	Is contributor a principal of state contractor or	r prospective s	state cont	ractor?	Yes X No			
event reported in Section L1? If yes, list Event #	Yes No	If yes, indicate which branch or branches of government the contract is with:		Exec	utive Legisla				
Method of Contribution					Date Received	Aggregate Contributions			
Cash X Personal Check	Credit/De	bit Card Payroll Deduction	Money 0	Order	09/24/2015	\$165.00		\$165.0	10
Last Name				First Na	me				MI
Kail				Na	ncy				
Residential Street Address			City				State	Zip Cod	
19 Gilliam Ln			F	Riversic			СТ	06878	
Principal Occupation consultant				Na	me of Employer				
or dependent entitle of a lobbyist:	Yes No	If contribution is in excess of \$400 to a candid officer of a municipality does contributor or b a contract with said municipality valued at mo	ousiness he/she	e associat		Yes No	Ame	ount of Con	tribution
Is this contribution associated with an	Yes	Is contributor a principal of state contractor or	r prospective s	state cont	ractor?	Yes X No			
event reported in Section L1? If yes, list Event #	No No	If yes, indicate which branch or branches of government the contract is with:		Exec	utive Legisla				
Method of Contribution					Date Received	Aggregate Contributions			
Cash Personal Check	Credit/De	bit Card Payroll Deduction	Money (Order	00/24/2045	#14F.00		+445.0	

\$145.00

\$145.00

										Pag	e 31 01 4
		I. MON	ETARY REC	EIPTS	(Section	A-K)					
NAME OF COMMITTEE (Provide Co	.mmlata N				•		TYPE OF REPORT				
Greenwich Democratic Town Com		vaille as Regisi	tered with Filling F	repository	<i>y)</i>		October 10 Filing - Origin	al			
G. G		B. Itemized	Contributions	from Inc	dividuals		L				
Last Name					First N	Name					MI
Pittocco					L	ouis.					
Residential Street Address					City			State	7	ip Cod	e
52B Rodwell Ave					Green	wich		СТ	(06830	1
Principal Occupation					N	lame of Employer					
Attorney						Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		officer of a munic	in excess of \$400 to a capality does contribute id municipality valued	r or business	he/she associ		Yes No		Amount	of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes	_	rincipal of state contract hich branch or branches ontract is with:			ntractor?	Yes X No				
Method of Contribution						Date Received	Aggregate Contributions				
Cash Personal Check	Credit/Debi	it Card	Payroll Deduction	Шм	Ioney Order	09/24/2015	\$80.00		\$	80.08)
Last Name					First N	Vame	•				MI
Mushkin						Martin					
Residential Street Address					City			State	7	Zip Cod	e
403 Stanwich Rd					Green	wich		СТ		06830	1
Principal Occupation				-	N	lame of Employer					
Attorney						MM Law					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		officer of a munic	in excess of \$400 to a compality does contributed id municipality valued	r or business	he/she associ		Yes No		Amount	of Con	tribution
Is this contribution associated with an	1	Is contributor a pr	rincipal of state contrac	tor or prospe	ective state cor	ntractor?	Yes X No				
event reported in Section L1? If yes, list Event #	No	If yes, indicate will government the c	hich branch or branches	s of	Exe	cutive Legislat					
Method of Contribution						Date Received	Aggregate Contributions				
Cash X Personal Check	Credit/Debi	it Card	Payroll Deduction	Шм	Ioney Order	09/24/2015	\$80.00		\$	80.08)
Last Name					First N	Name					MI
Cunningham					L	aura					
Residential Street Address					City			State	2	ip Cod	e
24 Greenbriar Ln					Green	wich		СТ	(06831	
Principal Occupation					N	lame of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		officer of a munic	in excess of \$400 to a contributo id municipality valued	r or business	he/she associ		Yes No		Amount	of Con	tribution
Is this contribution associated with an	Yes	Is contributor a pr	rincipal of state contrac	tor or prospe	ective state con	ntractor?	Yes X No				
event reported in Section L1? If yes, list Event #	, I	If yes, indicate wi	hich branch or branches ontract is with:	s of	Exe	ecutive Legislat					
Method of Contribution	·			_		Date Received	Aggregate Contributions				
Cash Personal Check	Credit/Debi	it Card	Payroll Deduction	М	Ioney Order	00/24/2015	4300.00			.00.01	

\$290.00

\$90.00

						1 45	,C 32 01 1
	I. MONETARY RECEIPT	S (Section A-K)					
NAME OF COMMITTEE (Provide Com Greenwich Democratic Town Comm	plete Name as Registered with Filing Reposito	ory)		YPE OF REPORT stober 10 Filing - Origina	ıl		
Greenwich Bemoeratie Town Comm	B. Itemized Contributions from I	ndividuals					
	B. Itemized Contributions from I	narviduais					
Last Name Fuzesi		First Name Nancy					MI
Residential Street Address		City			State	Zip Cod	le
3 Castle Ct		Greenwich			CT	06830)
Principal Occupation		Name of E	Employer	<u> </u>			
Social Worker		Norv	walk Schools				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate of ficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associated with		Yes No	Am	ount of Con	tribution
event reported in Section L1?	Yes Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	_	Legislative	Yes X No			
Method of Contribution		Date I	Received	Aggregate Contributions			
Cash X Personal Check Cr	edit/Debit Card Payroll Deduction	Money Order 09/2	24/2015	\$55.00		\$55.00	0
Last Name		First Name					MI
Hart		Madelin	e				
Residential Street Address		City			State	Zip Cod	le
185 Valley Rd		Cos Cob			СТ	06807	,
Principal Occupation		Name of E	mployer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she associated with		Yes No	Ame	ount of Con	tribution
event reported in Section L1?	Yes Is contributor a principal of state contractor or pros No government the contract is with:	spective state contractor? Executive	Legislative	Yes X No			
Method of Contribution	•	Date 1	Received	Aggregate Contributions			
Cash X Personal Check Cr	edit/Debit Card Payroll Deduction	Money Order 09/2	24/2015	\$50.00		\$50.00	0
Last Name		First Name					MI
Bloom		Edward					
Residential Street Address		City			State	Zip Cod	le
92 Maple Ave		Greenwich			СТ	06830)
Principal Occupation Retired		Name of E	imployer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/she associated with		Yes No	Ame	ount of Con	tribution
event reported in Section L1?	Yes Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective state contractor? Executive	Legislative	Yes X No			
Method of Contribution		Date 1	Received	Aggregate Contributions			
Cash X Personal Check Cr	edit/Debit Card Payroll Deduction	Money Order	14/2015	±100.00		±100.0	10

\$100.00

\$100.00

								Page 33 01 4
		I. MONETARY RECEIP	TS (Sec	ction	A-K)			
NAME OF COMMITTEE (Provide Co	mplete Name		Ì			TYPE OF REPORT		
Greenwich Democratic Town Com						October 10 Filing - Origina	al 	
	B. I	temized Contributions from	Individ	luals				
Last Name			1	Einst NI				Lva
Last Name Marchand				First Na	onat			MI
Residential Street Address			City		Jilut .		State	Zip Code
87 Birch Ln				Greenw	rich		СТ	06830
Principal Occupation				Na	me of Employer		<u> </u>	
				\perp				
Is contributor a lobbyist, spouse,		tribution is in excess of \$400 to a candidate of a municipality does contribute or but				Yes No	An	nount of Contribution
or dependent child of a lobbyist?		er of a municipality does contributor or bus tract with said municipality valued at more			ed with have			
Is this contribution associated with an	In one	tuibutor a mrinainal of stata contractor or n	maamaativa a	toto cont	rootor?			
event reported in Section L1?	Yes	attributor a principal of state contractor or p , indicate which branch or branches of	_	_		Yes X No		
If yes, list Event #	Nio.	nment the contract is with:		Exec	utive Legislativ	ve		
Method of Contribution					Date Received	Aggregate Contributions		
Cash X Personal Check	Credit/Debit Card	Payroll Deduction	٦					
Cash Personal Check	Credit/Debit Card	Payroll Deduction	Money (Order	09/29/2015	\$100.00		\$100.00
Last Name				First Na	ame	•	•	MI
Monahan					itricia			IVII
Residential Street Address			City				State	Zip Code
135 Havemeyer Pl				Greenw	rich		СТ	06830
Principal Occupation				Na	me of Employer			•
retired								
Is contributor a lobbyist, spouse,		tribution is in excess of \$400 to a candida				Yes No	An	nount of Contribution
of dependent child of a loobyist:		or of a municipality does contributor or bus tract with said municipality valued at more			ed with have			
No No								
Is this contribution associated with an event reported in Section L1?	Yes	attributor a principal of state contractor or p indicate which branch or branches of	prospective s	tate cont	ractor?	Yes X No		
If yes, list Event #	No	nment the contract is with:		Exec	utive Legislativ	ve		
Method of Contribution					Date Received	Aggregate Contributions		
Cash X Personal Check	0.100100.1	Payroll Deduction	٦., ,					
Cash Personal Check	Credit/Debit Card	Payroll Deduction	Money (order	09/29/2015	\$100.00		\$100.00
Last Name				First Na				MI
Fahy				Ja	mes			l J
Residential Street Address			City	Cos Col	_		State CT	Zip Code
Principal Occupation				_	me of Employer		Ci	06807
Timeipai occupation				l Na	ine of Employer			
retired								
Is contributor a lobbyist, spouse,	If con	tribution is in excess of \$400 to a candidate	te committe	e for a ch	ief executive	Yes No	An	nount of Contribution
or dependent ennid of a roobyist:		er of a municipality does contributor or bus			ed with have	L Yes L No		
□ No	a com	tract with said municipality valued at more	e man \$5000	11				
Is this contribution associated with an	Yes Is con	stributor a principal of state contractor or p	prospective s	tate cont	ractor?	Yes X No		
event reported in Section L1? If yes, list Event #	If yes	, indicate which branch or branches of nment the contract is with:		Exec	utive Legislativ			
Mothed of Contribution	gover	miles the contract is with.			Data B i 1	Aggregate Gent 3 - C	_	
Method of Contribution			7		Date Received	Aggregate Contributions		
Cash Personal Check	Credit/Debit Card	Payroll Deduction	Money (Order	09/29/2015	\$200.00		\$100.00
					1, -,	· · · · · · · · · · · · · · · · · · ·	ın D	\$8,140.00
						Total of Section	on B	φυ,140.0C
TOTAL OF ALL CONTRIBUTION	IS FROM IN	DIVIDUALS (Secti	ons A &	B)	(Total on Line 13	of Summary Page)		\$8,140.00

	I. MO	NETAR	Y RECEIPTS	S (Section A	-K)	_	
NAME OF COMMITTEE (Provide C	omplete Name as Regis	tered with	Filing Repository	y)		TYPE OF REPORT	
Greenwich Democratic Town Cor						October 10 Filing - Origi	inal
	C1. Contril	butions f	rom Other Con	nmittees			
Name of Committee					Name of Treasurer		
Address	No	Amount of Contribution					
City		State	Zip Code	Date Received	Aggregate	Contributions	
					7	Γotal of Section C1	
	I. MONETA	RY RE	CEIPTS (Sect	tion A-K)			
NAME OF COMMITTEE						TYPE OF REPOR	Т
Greenwich Democratic Town Cor	nmittee					October 10 Filing - Or	iginal
	C2. Reimbursemen	ts or Sur	plus Distributio	ons from oth	er Committees	•	
Name of Committee				Name of	Treasurer		
Address				Date Rec	reived		Amount of Receipt
City		State	Zip Code		Type mbursement for shared of the shared of	expense	
Expenditure # (if applicable)	Description						
						Total of Section	C2

I. MONETARY RECEIPTS (Section A-K)											
NAME OF COMMITTE	E (Provide Complete Name as Re	egistered wit	th Filing R	epos	sitory)		TYPE O	F REPOR	Γ		
Greenwich Democration	Town Committee						October 10 Filing - Original				
	D. L	oans Recei	ived this	Per	iod						
Name of Lender					Source of Loan:					Date of Receipt	
					Bank Can	didate	Individual	Otl	ner		
Street Address			C	City			State	Zip Code		Is there a cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (i		Amount Received									
Street Address City							State	Zip Code			
Total of Section											
	I. Mo	ONETAR	RY RECI	EIP	TS (Section A-F	()					
NAME OF COMMITTE	Œ						TYPE OF	REPORT			
Greenwich Democrati	c Town Committee						October 10	Filing - Origii	nal		
E. R	eceipts from Entities other t	han Indivi	duals or	Oth	ner Committees <i>(R</i>	eferendu	m Commi	ttees ONL	.Y)		
Name of Entity											
Street Address						Date Re	ceived			Amount Received	
City		State	Zip Code			Aggrega	te Contribution	ns			
								Total of So	ection E		
	I. M	ONETAR	RY REC	EIF	PTS (Section A-I	()					
NAME OF COMMITTI	EE (Provide Complete Name as F	Registered w	rith Filing I	Repo	ository)		TY	PE OF RE	PORT		
Greenwich Democratic Town Committee October 10 Filing - Original											
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)											
Date of Receipt Is this transaction associated with an event reported in Section L1? Yes No If yes, list Event #								Amoun	ıt		
	Total of Section F										

		I. MO	NETARY RECEIPT	S (Section A-K)						
NAME OF COMMITTEE							TYPE OF REPO	ORT			
Greenwich Democratic To	wn Commi	ttee					October 10 Filing - Orio	ginal			
G. Amount Transferred	from Affi	liated Labor Unio	on or Other Organizati	on Treasury (<i>Or</i> g	ganiz	ation C	committees ONLY)				
Date of Receipt		Amount									
	Total of Section G										
							,				
		I. MONE	TARY RECEIPTS (S	Section A-K)							
NAME OF COMMITTEE							TYPE OF REPOR	RT			
Greenwich Democratic Town Committee October 10 Filing - Original								ginal			
H. Personal	Funds of t	ne Candidate Rec	ceived this Period (Can	didate Committe	es Ol	NLY)					
Date of Receipt	Method of Pa	ayment Cash	Personal Check	Credit/Deb	it Card			Amount			
						To	otal of Section H				
		I. Moi	netary Receipts (Sect	ion A-K)							
NAME OF COMMITTEE (P	rovide Comp	olete Name as Regis	stered with Filing Repositor	y)			TYPE OF REPO	RT			
Greenwich Democratic To	wn Commi	ttee					October 10 Filing - Origin	nal			
		J. Interest from	n Deposits in Authorize	d Accounts		'					
Name of Institution						Date Reco	eived	Amount			
Street Address			City		State		Zip Code				
			<u> </u>				Total of Section J				

	I. M	IONETARY REC	EIPTS (S	Section A-K)						
NAME OF COMMITTEE						TYPE	E OF RE	PORT		
Greenwich Democratic Town	Committee					October 10	Filing - C	Original		
	K. Miscellan	eous Monetary Rece	ipts not C	Considered Cor	tribution	5				
Name					Date of Trans	saction			Amount Received	
Street Address		City			State	Zip Code				
Description						·				
						Total of Sec	ction K			
	II. EVENT A	ACTIVITY (Section	ons L1 - 1	L5)						
NAME OF COMMITTEE (Provid	le Complete Name as Reg	istered with Filing Repo	ository)			TYPE OF RE	EPORT			
Greenwich Democratic Town	Committee					October 10 Filir	ng - Origir	nal		
	L1. Event Information									
Event # Letter Date of Event	Description						Was t	this a fund	draising eve	ent?
				1				Yes		No
Location: Street Address				City			State		Zip Code	
Subpart 1: (All Committees)			Yes	(If yes, go to Se	ction L5 In-K	ind Donations n	ot Consid	lered		
Was this event hosted at a personal residence	ce?		No	Contributions Asso information for any invitations.)		•				
Did this fundraiser include goods or service: up to \$200 or items donated by an individua			Yes No	(If yes, go to Secontributions and				ered		
Was this fundraiser a tag sale, auction, or of puchases from an individual of up to \$100?	her sale of donated items with		Yes No	(If yes, enter To	al Receipts	here.)				
Subpart 2: (Party Committees, Municipal C	Candidates and Political Committe	ees other than Exploratory Com								
Were there purchases of advertising space in	ı a program book or on a sign asso	ociated	Yes	(If yes, go to See				ice in a F	Program	
with this fundraiser?			No	230K Gr On a Olyn	aa complete					
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at	t a fair or similar mass gathering h	neld	Yes	(If yes, enter Tot	al Receipts h	ere.)				
within the state with this fundraiser?			No							
					Tota	al of Section L	1			

II. EVENT ACTIVITY (Sections L1 - L5)										
NAME OF COMMITTEE	(Provide	Complete Name as Re	egistered with Filing Repository)			TYI	PE OF REF	PORT		
Greenwich Democratic	Town Co	ommittee				October 10) Filing - Origi	inal		
L3. Purchases of A	Advertisi	ng in a Program B	ook or on a Sign							
Name of Purchaser							ness Entity	Other Proprietorship		
Street Address					City			State	Zip Code	
Date Received	Event #		Aggregate Purchases for All Events	Amou	ant of Program Ad Purchase		Amount o	of Sign Purc	hase	
						Total o	of Section L3	3		
		II. EVI	ENT ACTIVITY (Sections	L1 - I	L5)					
NAME OF COMMITTEE	(Provide	Complete Name as Re	egistered with Filing Repository)			TYPE	E OF REPO	RT		
Greenwich Democratic	Town Co	mmittee				October	10 Filing - Or	riginal		
		L4. In-Kind Don	ations Not Considered Contril	oution	ıs					
Name of the Donor										
Street Address				City				State	Zip Code	
Donation Given by:		Description of Donation							Market Value of Donation	
Business Entity	-		T							
Individual		Date Received	Event #		Aggregate value	for this event				
Sole Proprietorship										
						Total of So	ection L4			

		II.EVENT	A	CTIVITY (Sectio	ns L1	1 - L5)							
NAME OF COMMITTEE (Provide	Complete Nam	ne as Registered wit	th F	Filing Repository)				,	TYPE OF	REPO	RT		
Greenwich Democratic Town Co	mmittee							October 10 Filing - Original					
L5. In-Ki	nd Donation	s Not Considered	d C	Contributions Assoc	eiated	with a	House Party	y					
Name of the Host							Is this event sup	portin	N-		nplete Ite	ommittee? mization in	
Street Address					City						State	Zip Code	
Description of Donation				·								arket Value of Donation	
Event#	Aggregate value	of this Event - all hosts			A	ggregate v	alue of all Events	- this l	nost/candidat	te			
							To	otal o	f Section	L5			
	III. NO	ONMONETAR	RY	RECEIPTS (Sec	tions	M - O))						
NAME OF COMMITTEE (Provide C	Complete Name	e as Registered with	h Fi	iling Repository)					TYPE	OF RE	PORT		
Greenwich Democratic Town Cor	nmittee							Od	ctober 10 F	iling - Ori	ginal		
		M. In-Kind (Co	ntributions									
Name Simon B Laurence													
Street Address 48 Edgewood Dr				City Greenwich					State CT			Code 831	
Type of Contributor: Committee X Individual / Sole Proprietorship		deceived 3/2015	Agg	gregate contributions \$58.00		_	n of In-Kind Cont	tributio	on		·		
donon dont shild of a labbruist?	No execut	ive officer of a municipal nted with have a contract	lity	to a candidate committee for does contributor or business I h said municipality valued at	he/she is		Yes No	3		Fa		t Value of this ribution	
Is this contribution associated with an event reported in Section L1?	Yes No		hich	f state contractor or prospectiv branch or branches of act is with:		ontractor?	Legisl	x ative	Yes No				
If yes, list Event#												\$58.00	
							Total	of Se	ction M			\$58.00	

III. Non Monetary Receipts (Sections M - O)									
NAME OF COMMITTEE	TYPE OF I	YPE OF REPORT							
Greenwich Democratic Town Committee	October 10 F	iling - Orig	ginal						
N. Refundable Deposi	it to	Telephone Company							
Last Name of Individual		First Name		MI	Date I	Deposit Made			
Residential Street Address	Cit	ty	State	Zip Code		Amount of Deposit			
Name of Telephone company									
Street Address	City		State	Zip Code					
Total of Section N									

IV. EXPENDITURES (Sections P - T)										
NAME OF COM	MMITTEE	(Provide Complete Name as Registered with Filir	ng Repository)		TYPE OF RE	EPORT				
Greenwich De	emocratic	Town Committee			October 10 Filing	- Original				
		P. Expenses	Paid By Committee	;						
Name of Payee U.S. Postal Serv	vice			Date of Payment 07/15/2015		Method of Payment X Check # Debit Card	1059 EFT			
Street Address 44 Amogerone C	Crossway		City Greenwich			State CT	Zip Code 06830			
Purpose of Expendit (by code) POST	ture	Description First Class stamps		Event #		A	amount			
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) X None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization A B C D							\$392.00			
Name of Payee Deirdre Kamlan	ni			Date of Payment 07/15/2015		Method of Payment X Check # Debit Card	1060 EFT			
Street Address 33 Angus Ln			City Greenwich	•		State CT	Zip Code 06831			
Purpose of Expendit (by code) FNDR *	ture	Description Refreshments for 6/25/15 fundraiser		Event #		A	umount			
Expenditure # (if applicable)	X None of Coordin	xpenditure (Itemization in Addendum P Required unless "None of f the below nated with reimbursement sought (joint expenditure)	of the below" is checked) Independent Organization	АВ	□с□р		\$37.91			
Name of Payee Peter Berg				Date of Payment 07/24/2015		Method of Payment X Check # Debit Card	1061 EFT			
Street Address 28 Dandy Dr			City Cos Cob			State CT	Zip Code 06807			
Purpose of Expendit (by code) PTY-BLD		Description Search Committee supplies		Event #		A	amount			
Expenditure # (if applicable)	X None of	xpenditure (Itemization in Addendum P Required unless "None of f the below nated with reimbursement sought (joint expenditure) nated without reimbursement sought (in-kind contribution)	of the below" is checked) Independent Organization	Па Пв	□с□р		\$52.42			

		IV. EXPENDITURES	(Sections P - T)							
NAME OF COM	IMITTEE	(Provide Complete Name as Registered with Filir	ng Repository)		TYPE OF RE	REPORT				
Greenwich Den	nocratic '	Town Committee			October 10 Filing	- Original				
		P. Expenses	Paid By Committee							
Name of Payee Jonathan Perloe				Date of Payment 08/31/2015		Method of Payment X Check # Debit Card	1062 EFT			
Street Address 71 Valleywood Rd			City Cos Cob			State CT	Zip Code 06807			
Purpose of Expenditure Description Event # (by code) PTY-BLDG May Facebook advertising						А	Amount			
Expenditure # (if applicable)	□c □ D		\$15.00							
Name of Payee Griffith E. Harris	Insurance	е		Date of Payment 08/31/2015		Method of Payment X Check # Debit Card	1063 EFT			
Street Address 137 Post Rd			City Cos Cob	•		State CT	Zip Code 06807			
Purpose of Expenditur (by code) Misc *	re	Description annual insurance renewal		Event #		А	Amount			
Expenditure # (if applicable)	None of Coordin	xpenditure (Itemization in Addendum P Required unless "None of the below that and with reimbursement sought (joint expenditure) and without reimbursement sought (in-kind contribution)	of the below" is checked) Independent Organization	АВ	□с □р		\$1,072.52			
Name of Payee Wells Fargo				Date of Payment 08/31/2015		Method of Payment Check # Debit Card	X EFT			
Street Address 220 Glenville Rd			City Greenwich	•		State CT	Zip Code 06831			
Purpose of Expenditur (by code) BNK	re	Description returned check fee		Event #		A	Amount			
Expenditure # (if applicable)	None of Coordin	xpenditure (Itemization in Addendum P Required unless "None of the below that with reimbursement sought (joint expenditure) that distribution without reimbursement sought (in-kind contribution)	of the below" is checked) Independent Organization	АВ	□с□р		\$12.00			

IV. EXPENDITURES (Sections P - T)											
NAME OF CO	MMITTEE	E (Provide Complete Name as Registered with Filir	ng Repository)		TYPE OF RE	REPORT					
Greenwich De	emocratic	Town Committee			October 10 Filing	- Original					
		P. Expenses	Paid By Committee	2							
Name of Payee Garden Educati	ion Center	of Greenwich		Date of Payment 09/02/2015		Method of Payment X Check # Debit Card	1064 EFT				
Street Address 130 Bible St			City Cos Cob			State	Zip Code 06807				
Purpose of Expendit (by code)FNDR *	ture	Description balance due for picnic venue		Event #		A	Amount				
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) X None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D							\$450.00				
Name of Payee Burke Catering,	, LLC			Date of Payment 09/16/2015		Method of Payment X Check # Debit Card	1065 EFT				
Street Address PO Box 624			City Riverside			State CT	Zip Code 06878				
Purpose of Expendit (by code) FNDR *	ture	Description Picnic catering		Event #		А	Amount				
Expenditure # (if applicable)	X None of Coordin	Expenditure (Itemization in Addendum P Required unless "None of the below nated with reimbursement sought (joint expenditure) nated without reimbursement sought (in-kind contribution)	of the below" is checked) Independent Organization	ПА ПВ	□с□р		\$2,257.28				
Name of Payee Judy Berg				Date of Payment 09/24/2015		Method of Payment X Check # Debit Card	1069 EFT				
Street Address 28 Dandy Dr			City Cos Cob			State CT	Zip Code 06807				
Purpose of Expendit (by code) Misc *	ture	Description Picnic items		Event #		A	Amount				
Expenditure # (if applicable)	X None of Coordin	Expenditure (Itemization in Addendum P Required unless "None of the below nated with reimbursement sought (joint expenditure) nated without reimbursement sought (in-kind contribution)	of the below" is checked) Independent Organization	Па Пв	□с□р		\$169.41				

	IV. EXPENDITURES (Sections P - T)										
NAME OF COM	MMITTEE	(Provide Complete Name as Registered with Filir	ng Repository)		TYPE OF RE	EPORT					
Greenwich De	emocratic	Town Committee			October 10 Filing	- Original					
		P. Expenses	Paid By Commit	tee							
Name of Payee McArdle's Floris	st & Gardei	n Center		Date of Paymen 09/24/2015		Method of Payment X Check # Debit Card	1067 EFT				
Street Address 48 Arch St			City Greenwich	•		State CT	Zip Code 06830				
Purpose of Expendit (by code) Gift *	ture	Description Gift of thanks for Judy Berg for running picnic		Event #		A	Amount				
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) X None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization A B C D							\$203.10				
Name of Payee Farricker 2015				Date of Paymen 09/24/2015		Method of Payment X Check # Debit Card	1068 EFT				
Street Address 7 Capalbo Pl			City Cos Cob	·		State CT	Zip Code 06807				
Purpose of Expendit (by code) CNTRB	ture	Description Contribution		Event #		A	Amount				
Expenditure # (if applicable)	X None of Coordin	xpenditure (Itemization in Addendum P Required unless "None of f the below nated with reimbursement sought (joint expenditure) nated without reimbursement sought (in-kind contribution)	of the below" is checked) Independent Organization	∏а	С		\$557.66				
Name of Payee Post Wines & S	pirits			Date of Paymen 09/24/2015		Method of Payment X Check # Debit Card	1066 EFT				
Street Address 230 Post Rd			City Cos Cob			State CT	Zip Code 06807				
Purpose of Expendit (by code) FNDR *	ture	Description Picnic beverages		Event #		A	Amount				
Expenditure # (if applicable)	X None of	xpenditure (Itemization in Addendum P Required unless "None of the below nated with reimbursement sought (joint expenditure) nated without reimbursement sought (in-kind contribution)	of the below" is checked) Independent	Па Пв	□c □p		\$139.20				

		IV. EXPENDITURES	S (Sections P - T)				
NAME OF CO	MMITTEE	E (Provide Complete Name as Registered with Filir	ng Repository)		TYPE OF RE	PORT	
Greenwich De	emocratic	Town Committee			October 10 Filing	- Original	
		P. Expenses	Paid By Committee				
Name of Payee Nutmeg Invest	ment Partı	ners LLC		Date of Payment 09/25/2015		Debit Card	1070 EFT
Street Address PO Box 79049			City Charlotte			State NC	Zip Code 28271
Purpose of Expende (by code) PTY-BLI		Description Campaign Headquarters		Event #		A	Amount
Expenditure # (if applicable)	X None o	expenditure (Itemization in Addendum P Required unless "None of the below nated with reimbursement sought (joint expenditure) nated without reimbursement sought (in-kind contribution)	of the below" is checked) Independent Organization	□A □B	□с □р		\$3,208.50
Name of Payee Samarpana Ta	mm			Date of Payment 09/29/2015		Method of Payment X Check # Debit Card	1071 EFT
Street Address 5 Chinmoy Ave			City Greenwich			State CT	Zip Code 06831
Purpose of Expende (by code) PTY-BLI		Description Campaign items		Event #		A	Amount
Expenditure # (if applicable)	X None o	Expenditure (Itemization in Addendum P Required unless "None of the below nated with reimbursement sought (joint expenditure) nated without reimbursement sought (in-kind contribution)	of the below" is checked) Independent Organization	AB	□с□р		\$65.31
				7	Total of Section P		\$8,632.31

		IV.	EXPENDITURES	(Sections P - T	")							
NAME OF COM	IMITTEE (Pro	vide Complete Name as Re	egistered with Filing Repos	sitory)				TYPE	OF REPOR	Т		
							C	October 10	Filing - Origina	il		
		Q. Cam	paign Expenses Paid B	y Candidate								
Name of Payee (Name of	of vendor, Person o	r Entity who candidate paid directl	y)		Ī	Date of Pag	yment		Is Reimburs	ement Cla	aimed?	
										Yes		No
Street Address			City						State	Zip	Code	
Purpose of Expenditure (by code)	Descript	tion			F	event #				A	mount	
	-				·	Т	otal o	f Section (Ω			
		IV.	EXPENDITURES									
NAME OF COM	IMITTEE (Pro	vide Complete Name as Re	egistered with Filing Repos	sitory)					REPORT			
Greenwich Der	nocratic Tow	n Committee					Octol	ber 10 Filin	g - Original			
		R. Expense	es Incurred on Commit	tee Credit Card		·						
Name of Issuing Instit	ution			Type of Credit Card:	Mantan C	1		N:	A i	F		
				Visa Other	Master C	aru	L	Discover	America	n Express	•	
Name of Vendor, Perso	on or Entity								Date of T	ransaction	1	
Street Address				City					State		Zip Code	;
Purpose of Expenditu	re	Description				Event #				Am	ount	
(by code)												
Expenditure # (if applicable)	Type of Expendi	ture (Itemization in Addendum R	Required unless "None of the belo	w" is checked)								
	None of the	below										
	Coordinated	with reimbursement sought (joint	expenditure)	Independent								
	Coordinated	l without reimbursement sought (in	n-kind contribution)	Organization	A	В	(D D				
							Total	of Section	R			

		IV. EXPEND	DITURES									
NAME OF COMMI	ITTEE ((Provide Complete Name as Registered with F	Filing Repository	<i>i</i>)				TYPI	E OF R	EPO	RT	
Greenwich Demo	cratic [Γown Committee						Octob	er 10 Fi	ling -	Original	
		S. Expenses Incurred By Comn	nittee but Not	Paid 1	During th	nis Period						
Name of Creditor										Date	Incurred	
Street Address				City						Sta	ate	Zip Code
Purpose of Expenditure		Description				Event #						nt Incurred
(by code)											(Estima	te or Actual)
Expenditure# (if applicable)	Type of	Expenditure (Itemization in Addendum S Required unless "I	None of the below" is	checked)							
(ii applicable)	Non	ne of the below										
	Coo	ordinated with reimbursement sought (joint expenditure)		Indeper	ident							
Coordinated without reimbursement sought (in-kind contribution Organization: A B C D								,				
Total of Section S												
						1000	or see.	tion 5				
		IV. EXPEND	OITURES (Se	ection	s P - T)							
NAME OF COMMI	ITTEE ((Provide Complete Name as Registered with F	Filing Repository	<i>(</i>)			TYP	E OF	REPOI	RT		
Greenwich Demo	cratic 7	Fown Committee					Octob	er 10 F	Filing - C	Drigina	al	
		T. Itemization of Reimbursements a	and Secondary	Paye	es							
Last Name of Worker/Con	nsultant		First			MI		Date o	f Paymer	nt to V	endor, Perso	n or Entity
Name of Vendor Person o	or Entity P	Paid by Committee Worker/Consultant			Payment to	Reimburse Co	ommitte	e Work	er/Consu	ıltant a	s reported in	Section P
Traine of Vendor, Ferson C	, z, r	and of community constitution				Check #					Debit Card	EFT
Street Address of Vendor,	Person or	Entity Paid by Committee Worker/Consultant		City							State	Zip Code
Purpose of Expenditure (by code)		Description		1		Event #						Amount
(by code)												
										_		
Expenditure #	Тур	e of Expenditure (Itemization in Addendem T Required un	less "None of the bel	ow" is cl	necked)							
		None of the below										
		Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri			Independent Organization:	A	В		С	D		
		Contamated without reinhoutsement sought (III-Kind Contri	oution)		organization:	A				T	I	
							To	tal of	Section	T		

Section	ı L5. ADDEN	IDUM							
NAME OF COMMITTEE					TY	PE OF REPORT			
L5. In - Kind Donations Not Cons	sidered Contri	bution Asso	ciated with a House	Party - Ad	ldend	lum			
Event #									
Name of Candidate or Committee									
Section :	P. ADDENDI	U M							
NAME OF COMMITTEE				ТҮРЕ ОІ	REP	ORT			
P. Expenses Paid By Committee - Addendum									
Expenditure #	Supp	ported	Opposed			Amount of Expenditure			
Name of Candidate or Committee	·	Office Sought	(if applicable)		Co	est Allocated to Candidate or Committee			
		•			•				
Section	R. ADDEND	UM							
NAME OF COMMITTEE				ТҮРЕ	OF RI	EPORT			
R. Expenses In	ncurred on Co	mmittee Cr	edit Card - Addendı	um					
Expenditure #	Supp	ported	Opposed			Amount of Expenditure			
Name of Candidate or Committee		Office Sought	(if applicable)		Cost	Allocated to Candidate or Committee			

Section S. ADDENDUM							
NAME OF COMMITTEE			TYP.	E OF REPORT			
S. Expenses Incurred by Committee but Not Paid During this Period - Addendum							
Expenditure #	Supp	oorted Opposed		Amount of Expenditure			
Name of Candidate or Committee		Office Sought (if applicable)		Cost Allocated to Candidate or Committee			

Section T. ADDENDUM								
NAME OF COMMITTEE					TYPE OF REPORT			
T. Itemization of Reimbursements and Secondary Payees - Addendum								
Expenditure #	Suj	pported	Opposed		Amount of Expenditure			
Name of Candidate or Committee		Office Sought (if app	olicable)	Co	ost Allocated to Candidate or Committee			